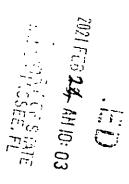
L13000173040

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
	10: 10:	
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



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FEB 2 5 2021



February 17, 2021

PATRICK J DONNELLY 12270 SW 3 STREET SUITE 200 PLANTATION, FL 33325

SUBJECT: CASTLE GROUP, LLC Ref. Number: L13000173040

We have received your document for CASTLE GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00003552

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Div	Division of Corporations			
	Castle Gro	up LLC		
SUBJECT: Name of Limited Liability Company				
The encloses	Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return	all co rres po	ondence concerning this matter	to the following:	
		Patrick J. Donnelly		
			Name of Person	
		Castle Group LLC		
			Firm/Company	
		12270 SW 3 Street, Suite 2		
			Address	
		Plantation, FL 33325		
		jdonnelly@castlegroup.com	City/State and Zip Code	
		• • • •	to be used for future annual report no	tification)
For further is	nformation o	concerning this matter, please c	all:	
Patrick J. Do	onnelly		954 325-7669 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is a	a check for t	he following amount:		
□ \$25.00 ī	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di	iling Addre gistration vision of O D. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
	llahassee,		_	oc Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

	Division of Co			
CIID IE	Castle Gro		,	
SUBJEA	T:	Name of Lin	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Patrick J. Donnelly		
			Name of Person	
		Castle Group LLC		
			Firm/Company	
		12270 SW 3 Street, Suite 2	200	
			Address	
		Plantation, FL 33325		
			City/State and Zip Code	
		jdonnelly@castlegroup.com		- Contract
			to be used for future annual report n	onneagon)
For furth	er information (concerning this matter, please c	all:	
Patrick J	. Donnelly		954 325-7669 at ()	
	Name (of Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for t	the following amount:		
□ \$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration S	
	Division of C	Corporations	Division of Corporations	
	P.O. Box 632 Tallabassee,		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle Group LLC	
Name of the Limited Liability Company as it nov (A Florida Limited Liability Cor	v appears on our records.) noanv)
(
The Articles of Organization for this Limited Liability Company were filed	on 12/13/2013 and assigned
Plorida document number L13000173040	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mbauk pers:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Moiling address MAY BE A POST OFFICE BOX)	21
Manufactures (D11 d2/11 G51 G11700 29/11	22
	
	54.49
 If amending the registered agent and/or registered office address on sent and/or the new registered office address here; 	Our records, enter the name of menter regular
Rem international Legislation management and the	- 日本
Name of New Registered Agent:	- F
New Registered Office Address;	
	nter Florida street address
	_, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

in milenting any other mior	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Effective date, if other than	the date of filing: (optional)
If an effective date is listed, the date Note: If the date inserted in this	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
e record specifies a delayed effer rd is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Feb. 24	2021
7	,
	Signature of a member of authorized representative of a member
Patrick J. Donnelly	
•	Typed or printed name of signec

Filing Fee: \$25.00