

L14000143936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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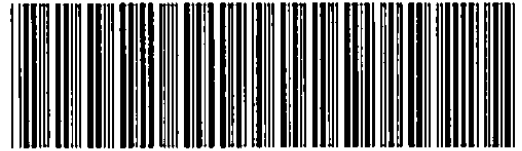
(Business Entity Name)

(Document Number)

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06/25/20--01010--028 *

2020 JUN 25 PM 2:40
TELECOMMUNICATIONS
DIVISION

US
8/8/21

TO: Registration Section
Division of Corporations

SUBJECT: CASLO OFFICE SUPPLIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO CASTANO GONZALEZ

Name of Person

Firm/Company

1608 MANOR AVENUE

Address

WEST PALM BEACH, FL. 33409

City/State and Zip Code

casloofficesupplies@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO CASTANO

561

201-4378

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

CASLO OFFICE SUPPLIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2014 and
Florida document number L14000143936.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CASLO ENTERPRISE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip

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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familia
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered .

AMBR = Authorized Member

[illegible]

2020 JUN 15 PM 2:40
FBI - JEFFERSON

2020 JUN 15 AM 2:40

Effective date, if other than the date of filing. _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1
document's effective date on the Department of State's records.

Dated JUNE 22, 2020

GUSTAVO CASTANO GONZALEZ

Filing Fee: \$25.00