# 114000189109

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

D. BRUCE JAN 31 2017

# **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	astaway Name of Lim	Cleanouts, ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Chri	stopher B. C	haldieri
	Castaux	Cy Cleanoch	s, LC
	4361	N. Dixie H	uxy (suite A)
	Daklan	D Pack FL City/State and Zip Code	33334
	E-mail address: (	to be used for future annual report potifi	leanouts & om
For further information of	oncerning this matter, please ea	all:	AN C II
Chris Ga	f Person	at (201) 230 Area Code Daytime	Telephone Number Los 108
Enclosed is a check for the \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
- passes inigital	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

## **MAILING ADDRESS:**

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company	_	2014 and assi	mod
	were med on DCEPMBEP 11	t ZOTT and assi	gneu
Florida document number <u>L14000189109</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Castaway Er	nterprise, LL(		
The new name must be distinguishable and contain the words "Lanited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.I	"C."
Enter new principal offices address, if applicable:	4301 N DIXIE	Havy	
(Principal office address MUST BE A STREET ADDRESS)	DAMAND PAR	K. FL 33	334
	- Suite A-		
Enter new mailing address, if applicable:	4301 N Dixi	E Have	
(Mailing address MAY BE A POST OFFICE BOX)	Oakland Parl	K E1/3	377v
(Mulling Walless MAT BE AT OST OFFICE BOX)	- Suite A	<u></u>	
D If amonding the registered agent and/on registered of			-£ 4b
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ntercine name o	n the new
		AFE J	-manual
Name of New Registered Agent:		HAS	recensus.
Name of New Registered Agent.		<u> </u>	
New Registered Office Address:		The The	M
	Enter Florida street address <sub>-</sub>	374 374 ++	
	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>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
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			☐ Remove
			□ Change

amending any other information, enter change(s) here: (Attach additional	
* Under our new prima CASTAWay Enter	75/13
* Under all new prima	iry novie:
- CASTAWAY Enter	-brize 1 CCC
	<u> </u>
Castaway Cleanouts	CAStaway Treas
(DBA)	CAStaway Treas
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	Ac. 2
	SS W Marin
	ORIE D
	> co
rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more thate:  If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
ted	
Signature of amounter or authorized representative of a	member
Christopher B. Gale Typed of printed name of signee	$4i = i \qquad i/2 \le lp$

Page 3 of 3

Filing Fee: \$25.00