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SUBJI		CASTLE MANAGEMENT, I	LC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	ited Liability Company	
The en	iclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ALFREDO POSADAS		
			Name of Person	
		CRYSTAL CASLTE MANAGEMENT, LLC Firm/Company 3500 MYSTIC POINTE DR. #907 Address AVENTURA, FL 33180 City/State and Zip Code alfredoposadas@gmail.com E-mail address: (to be used for future annual report notification) permation concerning this matter, please call: DSADAS 786 6317795		
			Firm/Company	
		3500 MYSTIC POINTE I	R. #907	
		Firm/Company 3500 MYSTIC POINTE DR. #907 Address AVENTURA, FL 33180		
		AVENTURA, FL 33180		
			City/State and Zip Code	 _
		E-mail address; {	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ea	ill:	
ALFR	EDO POSADAS			
Name of Person			at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 01/05/2016 and assigned Florida document number L16000003491 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:			sears on our records.)	-
Florida document number L16000003491 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable:		(A Florida Limited Liability Compan	y)	
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nter new mailing address, if applicable: The new mailing address, if applicable:	his amendment is submitted to amend the fo	llowing:		
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egistered agent and/or the new registered office address here:	Name of New Registered Agent:	MARIANA BIAGGINI		
egistered agent and/or the new registered office address here:	New Registered Office Address:	3500 MYSTIC POINTE DR. U	JNIT#907	
Name of New Registered Agent: MARIANA BIAGGINI		Enter)	lovida street address	_
Name of New Registered Agent: New Registered Office Address: MARIANA BIAGGINI New Registered Office Address: 3500 MYSTIC POINTE DR. UNIT#907		AVENTURA	121	
Name of New Registered Agent: New Registered Office Address: MARIANA BIAGGINI Sew Registered Office Address: 3500 MYSTIC POINTE DR. UNIT#907 Enter Florida street address			, rioriga	

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
MGR	MARIANA BIAGGINI	3500 MYSTIC POINTE DR.	■ Add
		UNIT #907	5
		AVENTURA, FL 33180	☐ Change
			□ Add
			□ Remove
			Change
			Add
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effective date is listed, the date must be s	specific and cannot be prio	r to date of filing or mo	toptio re than 90 days after t	filing.) Pursuant to	605.02
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