

L16000004528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 21 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 22 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTALIA EVENT MANAGEMENT AND MARKETING 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:

Celedonia House

Name of Person

CASTALIA Event Management & Marketing LLC

Firm/Company

8208 Clermont St.

Address

Tampa, FL. 33637

City/State and Zip Code

empiremajestyllc@gmail.com

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

For further information concerning this matter, please call:

Celedonia House

Name of Person

at (813) 6794592

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CASTALIA event management and marketing, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Peledonia H. House	8208 clermont ST.	<input type="checkbox"/> Add
		Tampa , FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Johanna Marrero - Diaz	8208 Clermont St.	<input checked="" type="checkbox"/> Add
		Tampa FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 16, 2016

Aledona House
Signature of a member or authorized

Signature of a member or authorized representative of a member

Celedonia H. House

Typed or printed name of signee