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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CASTOLLA 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:
Oeledonia House Name of Person
CASTALIA EVENT Management & Marketing 11C
8208 Clermont St. Address
Tampa, FL 33637 City/State and Zip Code
City/State and Zip Code  empire majesty    C @ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Celedonia House at (813) 6794592
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTALIA EVENT management and Marketing, L'LC

(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 _	Jan. C	06,2016	and a	assigned				
Florida document number <u>L1600004528</u> .  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	ity Company," the	designation '	"LLC" or the abb	reviation "	L.L.C."				
Enter new principal offices address, if applicable:	8208	clern	nont st	•					
(Principal office address MUST BE A STREET ADDRESS)	Татра	FL.	3363	7					
Enter new mailing address, if applicable:			an d						
(Mailing address MAY BE A POST OFFICE BOX)			No.	2015					
•			72	<u>₹</u>	1 <u> </u>				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our rec	ords, enters	he nam	e of the new				
Name of New Registered Agent:			第 <u>2</u> 50 60	. 24					
New Registered Office Address:					- t-				
	Enter Florida street address								
<del> </del>		<del> </del>	, Florida		*				
New Registered Agent's Signature, if changing Registered Agent:	City	•	r.c1	Zip Cod	e .				

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 **Type of Action Title Name Address** Celedonia H. House 8208 ctermont ST. MGR □ Add Tampa ☐ Remove ☐ Change Johanna Marrero - Diaz 8208 Clermont St AMBR Tampa FL 33637 ☐ Change □ Add ☐ Remove ☐ Change Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
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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 th Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.0207 (
the record specifies a delayed effective date, but not an effective time,  The 90th day after the record is filed.	, at 12:01 a.m. on the earlier of:
Dated March 16, 2016.	
Signature of a member or authorized representative of a	member
Celedonia H. House Typed or printed name of signee	

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Filing Fee: \$25.00