

116000039749

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001506443)))



H180001506443ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2018 MAY 16 PM 2:40
FAX CLASSIFICATION
FAX

To:

Division of Corporations
Fax Number : (850) 681-6393

From:

Account Name : DALIA ACCOUNTING SERVICE
Account Number : I20040000149
Phone : (561)478-1777
Fax Number : (561)478-0567

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2018 MAY 16 AM 11:53

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FAX CLASSIFICATION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TORRES DEL CASTILLO, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 17 2018
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help



May 16, 2016

FLORIDA DEPARTMENT OF STATE
Division of CorporationsTORRES DEL CASTILLO, LLC.
17266 GULF PINE CIRCLE
WELLINGTON, FL 33414SUBJECT: TORRES DEL CASTILLO, LLC.
REF: L16000039749

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist IIFAX Aud. # H18000150644
Letter Number: 518A00010160

RECEIVED

2018 MAY 16 AM 11:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLA.RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLA.

2018 MAY 16 PM 2:40

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TORRES DEL CASTILLO, 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 02/25/2016 and assigned Florida document number L16000039749.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2328 S CONGRESS AVE STE 1E

PALM SPRING, FL 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2328 S CONGRESS AVE STE 1E

PALM SPRNG, FL 33406

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

Name of New Registered Agent:

New Registered Office Address:

2328 S CONGRESS AVE STE 1E

Enter Florida street address

PALM SPRING

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 MAY 16 2018

[Signature] Signature of a member or authorized representative of a member

LUIS C. CASTILLO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

230 154 16 PH 2:400
HALLER
HALLER
HALLER
HALLER
HALLER

((((+18000150644 3))))