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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		DTOWN LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	<u> </u>
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		RAMON R CASTELLAN	ios	
			Name of Person	
		CASTE MIDTOWN LLC		
			Firm/Company	
		3761 SW 139 PLACE		
		·	Address	
		MIAMI FLORIDA 33175		
			City/State and Zip Code	
		castellanosrealtor@gmail.c		
			to be used for future annual report notifi	cation)
For fu	orther information co	oncerning this matter, please co	all:	
Ramo	on Castellanos		786 281-8079 at ()	
	Name of	`Person		Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on or d Liability Company)	ur records.)
This amendment is submitted to amend the following:	ricles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PH 2
(Mailing address MAY BE A POST OFFICE BOX)		110 AE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		, 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>	Name	<u>Address</u>	Type of Action
AMBR	Pedro Luis Rojas	3761 sw 139 place miami fl,33175	Add
			☐ Remove
			Change
AMBR	Elizabeth Rodriguez	3761 sw 139 place miami fl,33175	Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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Filing Fee: \$25.00

Typed or printed name of signee