16000139007

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_





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2021 JAN 21 PH 6: 17

SECRETARY SEES, FILE

3/4/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Castle Home Builders + Roofing, LLC Name of Limited Liability Company
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:
Matthew 5. Covey Name of Person
Castle Home Builders & Roofing, LLC
509 Poinsettia Ave
Inverness, F1 34452 City/State and Zip Code Mcovey 83 a) Gmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Covey at (863) 838-4619 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2021 JAN 21 PM 6: 17

Castle Home Builders + Roofing, LL CSECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>Li600013 9007</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	509 Poinsettia	Ave
(Principal office address MUST BE A STREET ADDRESS)	111001110	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	509 PoinseHi Inverness, FI	a Ave 34452
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pi	
	, Florid	Zip Code

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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
			□Add
			□Remove
			□Change
		□Add	
		□ Remove	
			□ Change
		□Add	
			Remove
			Change
		□Add	
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			□ Remove
			Change
			□Add
			Remove
			□ Change

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(If an effective Note: If the	tate, if other than the date of filing: 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 605.020' to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ne record spoord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Jan 19, 2021. Mustice Given Signature of a member or authorized representative of a member
	//////Treps (, , eld
-	Signature of a member or authorized representative of a member

Filing Fee: \$25.00