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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Raque A. Castillo Law Offices, PLLC 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:
Raquel A. Castillo, Esq. Topper PR PR PROVED Raquel A. Castillo Law Offices PR FIND Firm/Company
Raquel A. Castillo Law Offices Boy
Address
Miami Beach, FL 33140 City/State and Zip Code raquel Castillo D Castillo minalaw. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Regard A- Cast-No at (305) 213 9208 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \$\text{(additional copy is enclosed)} \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \$\text{(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

Raquel A. Ca		Offices	PLLC
(Name of the Limited L. (A F	<mark>ability Company as it now app</mark> orida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 2180463	09/27/2016	and assigned
This amendment is submitted to amend the followin	R;		
A. If amending name, enter the new name of the $\frac{Ca + \frac{1}{1} - \frac{1}{1} - \frac{1}{1}}{1}$ The new name must be distinguishable and contain the words	Law Office	es. PLLC	reviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		2015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		APR -5 PM 4: 05
B. If amending the registered agent and/or registered agent and/or the new registered office	,	on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	Florida street address	
-	City	Florida	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

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l'ffoct	ve date, if other than the date of filing:	
If an ef Note:	ective 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 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	
docun	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of
ine	90th day after the record is filed.	
Dated	March 28 2019	
.,		
	Jank Chec	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Requel A. Castillo, Esq. Typed or printed name of signee	

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Filing Fee: \$25.00