117000064780

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

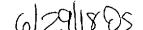
Office Use Only



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. COVER LETTER

TO: Registration S Division of Co				
	ellino, LLC			
SUBJECT:	Name of Lim	ited Liability Company	 	
	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	Gia Castellino			
		Name of Person		
	Gia Castellino, CPA, LLC			
		Firm/Company	WIII JUH 28	
	12908 Calais Circlr			•
		Address		
	Palm Beach Gardens, FL 3	3410		
	giacastellino@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please ca	all:		
Gia Castellino		561 339-6769		
Name	of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
\$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)	
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations	

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gia Castellino, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 03/21/2017		_ and assigned
Florida document number 117000064780	·		
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lim	ited liability company here:		
Gia Castellino, CPA, LLC		254	<u> </u>
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbre	- Carefront
inter new principal offices address, if applicable:		至	
Principal office address MUST BE A STREET ADDR	DECC)	S	28
THE CIPIL OFFICE MADEENS MOST BE A STREET ADDITIONAL TOPICS OF THE PROPERTY OF	(2.55)	12	
		<u> </u>	ë U
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nter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter th	e name of the r
gistered agent and/or the new registered office add	ness nere.		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Liner i torna sweet adwess		
	, Flori	ida	7: C. I.
	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	Address	Type of Action
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			Change
			
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reffective <u>te:</u> If th	late, if other date is listed e date insert effective d	the date mused in this b	st be specifi lock does r	c and ca not mee	innot be pr et the app	licable st	of filing o atutory fi	more than ling requir	90 days at	tional) ter filing.) i his date w	Pursuant to vill not be	605.02 listed a
	specifies h day aft				te, but i	not an	effective	e time, a	t 12 :0:	l a.m. o	n the ea	rlier
ted	Jur	25		<u> </u>	2018							
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-	·	<u> </u>	Signature	of a me	mber or ei	thorized i	epresentat	ive of a me	nber			

Page 3 of 3

Filing Fee: \$25.00