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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Caslo Investments LLC.  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:
Maria C. Castillo Name of Person
Caslo Investments LLC.
712 N. Crescent Drive
Halywood Fl 33021 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria C. Castillo at (954) 999-7811  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$30.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee,  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 OF

FILED

(Name of the Limited	Liability Compar	ments  or as it now appears or iability Company)	Our resords IE TARY TALLAHA	AM 9:58 Yof State SSEE.FI
The Articles of Organization for this Limited Liab	oility Company	were filed on <u>03</u>	1 1	and assigned
Florida document number <u>L170000</u>				
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabi	lity company here	:	
The new name must be distinguishable and contain the wor	I are instant to habit	in Company" the deci	mation "I I f." or the ab	breviation "L.L.C."
		ty Company. The desig	snacon tone or the air	
Enter new principal offices address, if applicat		1710 11		1 De
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Hollyw	Ocescer	33021
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	712 N Holyw	od FL	33021
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a <u>here</u> :	ddress on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	7121	V. Ces	street address	16
	Holl	wood_	Florida	33021
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed	the date must be specific and car d in this block does not meet	tille applicable statutory i				
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