

L17000095183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

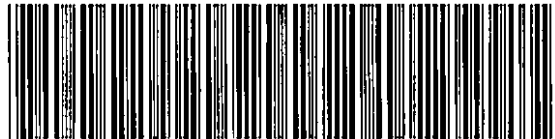
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WRONG FORM

Office Use Only



600315750736

07/17/18--01021--017 ++25.00

FILED
18 AUG 15 AM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

CASTANEDA MONCADA GROUP LLC.
JOSE C CASTANEDA
930 ROBERTS RD.
HAINES CITY, FL 33844

SUBJECT: CASTANEDA MONCADA GROUP LLC
Ref. Number: L17000095183

We have received your document for CASTANEDA MONCADA GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 218A00015215

Attention

REF ID: A66088

Attention
Karen A. Saly

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Castaneda Moncada Group
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:

| |
|--|
| _____ |
| Name of Person |
| _____ |
| Firm/Company |
| _____ |
| Address |
| _____ |
| City/State and Zip Code |
| _____ |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Yvonne Maisonet at (321) 624 4674
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

Castaneda Moncada Group LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
18 AUG 15 AM 5:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L170000 95183

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Carlos A. Castaneda

New Registered Office Address:

2825 Rodeo Dr

Enter Florida street address

MISSISSAUGA

City

Florida

34746

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.

Carlos A. Castaneda

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------|-------------------|--------------|------------------------------|
| AMBR | Jose C. Castaneda | 2825 Redwood | <input type="checkbox"/> Add |
|------|-------------------|--------------|------------------------------|

| | | | |
|--|--|---------------------|--|
| | | Missimnee, FL 34746 | <input checked="" type="checkbox"/> Remove |
|--|--|---------------------|--|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

18 AUG 15 AM 5:10
TALLAHASSEE
FLORIDA
STAFF

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
18 AUG 15 AM 5:19
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 07-30 2018

Signature of a member or authorized representative of a member

James H. Harrison
Typed or printed name of signer

Typed or printed name of signee