LIF 000 142311

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CASTILLO VIRTUAL SOLUTIONS 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:	
Yerissa Castillo Name of Person	
CASTILLO VIRTUAL SolutionS LL	C
7340 Stirling Rd # 107	
Hollywood FL 33024 City/Slate and Zip Code	
City/Slate and Zip Code VN SOLUTIONS & VAHOO. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Yerissa Castillo at 754, 234-1035 Name of Person Daytime Telephone No.	umber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Certified Copy	.00 Filing Fee, tificate of Status & tified Copy litional 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

<u>CASTILLO VIRTUAL SC</u>	DLUTIONS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700142311</u> .	were tiled on <u>06/30/2017</u>	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	444000 a +b	StreeT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14900 SW 30th : Unit 277897 Miramar, FL 32	street 5027	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new re	<u>gistered</u>
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		ر. ا	<u></u>
	Enter Florida street address	PH	
	Florida	Zip Code U1	

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
		□Change	
		□Remove	
		Change	
			□Add
		□Remove	
			□Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: If	e date, if other than the date of filing: (optional) tive 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)0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the at seffective date on the Department of State's records.
the record : cord is filed	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
Dated _	February 1st 2021
	Signature of a member or authorized representative of a member
	Yenssa Castillo
	Typed or printed name of signee

Filing Fee: \$25.00