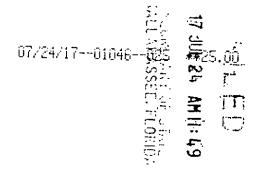


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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Heather Castro 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: |
| Heather Castro |
| Heather Caston LLC |
| Firm/Company |
| 2547 Eggle Bay Blvd |
| Kissimmee FL 34743 |
| City/State and Zip Code MATHER CASTO @ Me - COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Houther Castro at 1 203 918 1099 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 & Certified Copy (additional copy is enclosed) \$\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

| Heather Castr | b, LLC |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) .iability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000145934</u> | were filed on July 7, 2017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | TO SHARE SECTION OF THE PARTY O |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |

New Registered Agent's Signature, if changing Registered Agent:

1 1

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u> Title</u> | Name | Address | Type of Action |
|---------------|----------------|---------------------|----------------|
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| f an effective date is Note: If the date i | other than the da listed, the date must b nserted in this block we date on the Depa | e specific and ca k does not me | annot Prior t et the applica | o date of filing | or more than | (optiona 00 days after filit ements, this da | ng.) Pursuar | it to 605 | .020 |
| | fies a delayed e after the recor | | te, but not | an effect | ive time, a | t 12:01 a.m | n. on the | earlie | er of |
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Page 3 of 3

Filing Fee: \$25.00