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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## COVER LETTER

10:		istration Si ision of Co				
SUBJE	CT.	Castaway (	Customs Northwest LLC			
SUDJE.	CI:		Name of Lin	nited Liability Company		
The enc	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn	all correspo	ondence concerning this matter	to the following:		
			Diana Partin, Manager			
				Name of Person		
			Castaway Customs Northy	west LLC		
				Firm/Company		
			900 SW 105th St			
			<del></del>	Address		
			Trenton FL 32693			
				City/State and Zip Co	de	
			1212	dblackert24@yahoo.d	)	
For furth	ner in	formation c	concerning this matter, please co	to be used for future annuall:	uai report notine	ration)
		Diana	Partin	at ()	222-3778	
		Name o	d Person	Area Code	Daytime T	Celephone Number
Enclosed	d is a	check for the	ne following amount:			
		ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is	ł	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Regist Divisi	ET/COURIE tration Section on of Corporati	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallal assee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casta	way Customs No	rthwest LLC		
( <u>Name of the Limited Lis</u> (A Flo	ability Company a orida Limited Liabi	s it cow appears on our records.) lity Company)		
The Articles of Organization for this Limited Liabilit			and assigned	d
This amendment is submitted to amend the following	<b>y</b> :			
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 C	ompany," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL				NATI NATI
			- 3x - 1	CR PR
			<del>50</del> :	AST.
Enter new mailing address, if applicable:	_			2.2.C
(Mailing address MAY BE A POST OFFICE BOX,	<u> </u>		7	
	_			DATE DATE
B. If amending the registered agent and/or registered agent and/or the new registered office a		address on our records, enter t	he name of th	ie new
New Registered Office Address:		Enter Florida street address		_
		, Florida		
		City	Zip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete per d agent as prov tered office add	formance of my duties, and I am fa ided for in Chapter 605, F.S. Or, i	miliar with and f this document	d
	If Changin	Degistered Agent Signature of New Dea	istanti lanni	

MGR = M $AMBR = A$	lanager authorized Member		
<u> </u>	Name	Address	Type of Action
AMBR	Robert C. Partin	900 SW 105th St. Trenton FL 326	0) ■ ■ Add
			☐ Remove
			Change
			□ Remove
			Change
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			□ Remove
			☐ Change
	<del></del>		Add
			Remove
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			Remove
			Change
			□ Add
			□ Remove
			Change

. If amend	ding any other inform	ation, enter change(s) h	ere: (Attach a	dditional sheets	, if necessary.)		
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	date, if other than the		March 10, 2013		_ (optional)		
Note: If	the date inserted in this b	ist be specific and cannot be pro- lock does not meet the app Department of State's recor	licable statutory				
	rd specifies a delaye Oth day after the red	d effective date, but cord is filed.	not an effecti	ve time, at 1	2:01 a.m. on	the earlie	er of:
Dated	March 10	2018					
	Dau	na Partien					
		Signature of a member or at	uthorized represent	tative of a member	:		
		Diana P	artin, Manager				
		Typed or pr	inted name of sign	ice		<del></del>	

Page 3 of 3

Filing Fee: \$25.00