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SECRETARY OF STATE IVISION OF CORPORATIONS

N COOPER MAY 2 9 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Castraway Construction and Remodeling 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:	
Sean T Johnston Name of Person	
Castaway Construction and Remodeling We	_
1802 Canwallis Pkwy Address	
Cape (cra), FL. 33904 City/State and Zip Code	
Stychnston a @ Qmail. Com E-mail address: (to be used for fludre annual report notification)	
For further information concerning this matter, please call:	
Seon T Johnston at (239) 240-1122 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Scriffied Copy (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

The Articles of Organization for this Limited Liability Company were filed on OI/24/2018 and assigned Florida document number <u>L 180000</u> 31930. 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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>	Address	Type of Action
MGR	Donald J Hayward	SXH Sunset C+.	
		Sach Sunset C+. Cape Caral, FL 33904	Remove
			Change
			
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ated _	oth of May 2018.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00