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	,	COVER LETTER	
TO: Registration S			
Division of Co		*	
Castle Car SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Donny A Almonte		
	·	Name of Person	
	Castle Cams LLC		•
		Firm/Company	
	12620 Beach Blvd Ste. 3 #	2227	
		Address	
	Jacksonville/ Florida 3224	6	
		City/State and Zip Code	
	sunbiz@castlecams.com E-mail address: (to be used for future annual report notific	eation)
For further information	concerning this matter, please c	·	
Donny A Almonte	,	904 718-6852	
	of Person	at ()	l'elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	R ADDRESS:
Divisi	on of Corporations Box 6327	Division of Corporat	tions
	nassee, FL 32314	Clifton Building 2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle Cams LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con-	mpany were filed on 02-19-2018	and assigned
Florida document number L18000043488		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
		8 . 广南
		RETA NHA: EB 2
Enter new mailing address, if applicable:		ARY 26
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		: : : : : : : : : : : : : : : : : : :
		ATE
B. If amending the registered agent and/or register	red office address on our recor	ds, enter the name of the nev
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
1	Enter Florida street addr	ress
	, I	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com		

If Changing Registered Agent, Signature of New Registered Agent

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 Member Type of Action Title <u>Name</u> **Address** _□ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

ąs Anja A	Almonte. Her correct name is Anja Almonte (without the middle initial "A") since she does not have
a middle	rame.
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	26
	7.
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ective date	if other than the date of filing: (optional)
reffective date te: If the 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, e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.
record spe he 90th da	edifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies after the record is filed.
February ed	28rd 2018
	Ala
Donr	nyiA Almonte

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Filing Fee: \$25.00