

L18000049027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

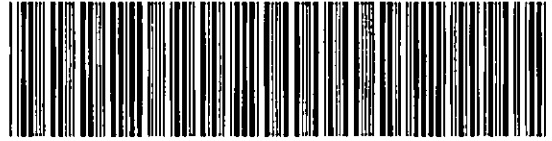
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Special Instructions to Filing Officer:

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FILED  
2021 NOV -8 AM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -8 AM 11:56

October 22, 2021

CHANITYA NELSON  
1812 N CONRAD AVE  
SARASOTA, FL 34234 US

Ref. Number: L1800049027

*Completed - Thank You.  
Chanitya Nelson  
Nov. 4, 2021*

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THIS DOCUMENT IS MISSING PAGES , PLEASE COMPLETE THE ATTACHED COPY .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 321A00025824

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Castle Media 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:

Charitya Nelson  
Name of Person

Castle Media LLC  
Firm/Company

1812 N Conrad Ave  
Address

Sarasota, Fl 34234  
City/State and Zip Code

tia@castleluxRentals.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tia Nelson at 954 558-2922  
Name of Person Area Code Daytime Telephone Number  
aka Charitya Nelson

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 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

FILED

2021 NOV -8 AM 1:59

Castle Media LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) ARASSEE, FLORIDA  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/23/2018 and assigned  
Florida document number L18000049027

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Castle Lux Rentals LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  
(one word)

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

SAME

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

• 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charitya Nelson (Charitya Nelson)	1812 N Conrad Ave Sarasota, FL 34234	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Keep <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tia Castle	1812 N. Conrad Ave Sarasota, FL 34234	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

*Just Name Change to Castlelux Rentals LLC*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective 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)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

*Oct. 6, 2021*

*Charitya Nelson*

Signature of a member or authorized representative of a member

*Charitya Nelson*

Typed or printed name of signer