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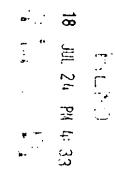
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COVER LETTER

TO:	Registration So Division of Cou				
CIID IEZ		PROPERTY MANAGEME	NT LLC		
SUBJEC	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		FRANK CAVERO			_
			Name of Person		
		FRANK'S ACCOUNTING	G AND TAX SERVICE		
			Firm/Company		_
12485 SW 137 AVENUE, SUITE 212					
			Address		_
		MIAMI, FLORIDA 33186	5		
			City/State and Zip Code		_
		frank@frankcavero.com E-mail address: (to be used for future annual re	nort notification)	
For furth	her information o	concerning this matter, please ca		•	
	(CAVERO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0475	
	Name o	of Person	at () Area Code	Daytime Telephone Numb	er
Enclosed	d is a check for t	he following amount:			
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	Filing Fee, eate of Status & ed Copy al copy is enclosed)
	Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registratio Division of Clifton Bui	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTILLO PROPERTY MANAGEMENT LLC

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

The Articles of Organization for this Limited Liability C	Sympany were filed on MARCH 29, 2018	and assigned			
Florida document number L18000080222		and assigned			
This amendment is submitted to amend the following:		24			
A. If amending name, enter the new name of the limit	ited liability company here:	7			
N/A					
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	90 SW 3RD STREET, UNIT 39	902			
(Principal office address MUST BE A STREET ADDR	RESS) MIAMI, FL 33130	MIAMI, FL 33130			
Enter new mailing address, if applicable: (Mailing address M.AY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis	N/A				
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the ne			
registered agent and/or the new registered office add	ress here.				
Name of New Registered Agent: NA	ress here.				
NI/A	Enter Florida street address				
Name of New Registered Agent: N/A		(do			

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>	Address	Type of Action
AMBR	LUIS ASMAR	90 SW 3RD STREET	
		MIAMI, FL 33130	■ Remove
		•	☐ Change
			☐ Remove
			Change
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fective date, if other than the date of filing: (o an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	ptiona	l) 10.) Purs	uant to (v	05 020
ote: If the date inserted in this block does not meet the applicable statutory filing requirements,				
cument's effective date on the Department of State's records.				
			l	l:
record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.	ı a.m	ı. on ti	ne ear	ner c
ated JULY 21 2018				
Witton 0	÷	·	~	
JUNE COVERLY		~ 1		
Signature of a member or authorized representative of a member		*	Ë	٠,
FRANK CAVERO		-	24	σ
				: .
Typed or printed name of signee			~~ ~ ~	
Typed or printed name of signee			₽ #:	٠.

Filing Fee: \$25.00