## 118000113574

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S. PRATHER

## COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	Casthely C ECT: .	Collections LLC  Name of Lin	nted Liability Company	
The er	nclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Faitzline C. Barthelemy		
			Name of Person	
			Firm/Company	<del>-</del>
		4306 SW 119th Ave Apt	302	
			Address	
		Miramar, FL 33025		
		fbarthelemy@bellsouth.n	City/State and Zip Code  ©t	<del></del>
		E-mail address 1	to be used for future annual report noti-	tication)
For fü	rther information c	oncerning this matter, please co	all:	
Faitzl	ine C. Barthelem		786 267-5761	
	Name o	Person	Aica Code Daytim.	e Telephone Number
Enclos	sed is a check for th	e following amount:		
₩ \$2	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 tadditional copy is enclosed)
	Registr	NG ADDRESS: ation Section of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casthely Collections 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 Company were filed on May 7, 2018	and assigned
Florida document number L18000113574	- E m
This amendment is submitted to amend the following:	23 JUL 23
A. If amending name, enter the new name of the limited liability company here:	70
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	bhreviation "I. I. T."
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 registered agent and/or the new registered office address here:	the name of the nev
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Now Desistered Apont's Signature if changing Projetured Apont.	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
ΛP	Faitzline C. Barthelemy	4306 SW 119th ave Apt 302	D Add
		Miramar, Ft. 33025	_ ≅ Remove
MGR	Faitzline C. Barthelemy	4306 SW 119th ave Apt 302	⊞ Add
		Miramar, FL 33025	□ Remove
		<del></del> - · · ·	□ Change
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Filing Fee: \$25.00