L18000152146

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COVER LETTER

SUBJECT:	CASTELA	N PRESSURE CLEANING &	MORE, LLC		
		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
			JOSE JIMENEZ		
			Name of Person	illing. wing: IMENEZ e of Person LEANING & MORE , LLC /Company B STREET ddress TH. FL 33460 r future annual report notification) 561 317-5431 Area Code Daytime Telephone Number D0 Filling Fee & Gentling Fee. Certificate of Status &	
		CASTELAN PRESSURE CLEANING & MORE, LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
			217 N B STREET		
	Address				
		LA	AKE WORTH, FL 33460		
			City/State and Zip Code		
		E-mail address: (t	to be used for future annual report	notification)	
For further in	nformation co	ncerning this matter, please ca	ill:		
JOSE JIME	NEZ				
	Name of	Person	Area Code Da	ytime Telephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

CASTELAN PRESSURE CI		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L18000152146	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		16 St.i
		AR AU
		22 F
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		FLOOR
		80 80 80 80 80 80 80 80 80 80 80 80 80 8
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		ls, enter the name of the
Non-Barbard Office Addition		
New Registered Office Address:	Enter Florida street addre	SS
		lorida
	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>	Name	Address	Type of Action
MGR	TAVIANA JIMENEZ	217 N B STREET, LAKE WORTH, FL 33460	3 Add
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Effective date, if other that is listed, the	date must be specifi	c and cannot be pric	r to date of filing	or more than 90 day:			
Note: If the date inserted in document's effective date o				filing requirement	s, this date will i	not be li	sted as th
document s effective date o	ii die Departitien	of State 3 (ccord.	.				
ne record specifies a d	elaved effectiv	ve date but n	nt an effecti	ve time at 12:	Olam ont	he ear	lier of:
The 90th day after the	ne record is fil	ed.	ot an enece	ve time, at 12.	01 4.111. 011 (ne car	nci 01.
Dated AUGUST 20		2018	<u> </u>				
4							
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Typed or printed name of signee

Filing Fee: \$25.00