

49000001265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000424436220

02/26/21--01020--011 \*\*50.00

2024 FEB 26 AM 11:29  
STATE OF FLORIDA  
TALLAHASSEE, FL

3/6/24  
12 17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MC & DJ4, 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:

Jason Alexander Castillo

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

559 West 183rd Street Apt-21

\_\_\_\_\_  
Address

New York New York 10033

\_\_\_\_\_  
City/State and Zip Code

flmary10@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Prieto

954

598-5888

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone 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 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 212

2004 FEB 26 AM 11:29

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MC & DJ4, 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 12/27/2018 and assigned  
Florida document number L19000001265.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

559 West 183rd St. Apt-21

New York New York 10033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

559 West 183rd St. Apt-21

New York New York 10033

**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:

Damian Castillo

New Registered Office Address:

6128 SW 194th Ave

*Enter Florida street address*

Pembroke Pines

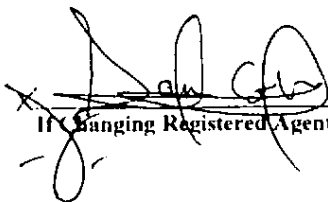
*City*

Florida 33332

*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	Heroidy Castillo Prieto	6128 SW 194th Ave	<input type="checkbox"/> Add
	(954) 598-5888	Pembroke Pines Fl. 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason Alexander Castillo	559 West 183rd St. Apt-21	<input checked="" type="checkbox"/> Add
		New York New York 10033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 FEB 26 AM 11:29  
ST. JOSEPH'S STATE  
HOSPITAL FL

(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)

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.

February 12

2024

Dated

X

Signature of a member or authorized representative of a member

**Jason Alexander Castillo**

Typed or printed name of signee