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SECRETARY OF STATE
TALLALASSEE, FL

COVER LETTER

TO:

Registration Section

Division of Co	orporations		,
LA CAST	ELLANA BROKERS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	MARITZA COLONIA		
		Name of Person	
	YANKEE ACCOUNTING	G AND ADVISOR INC	
		Firm/Company	
	111 WEST 16TH STREE	T	
		Address	
	LINDEN NJ 07036		
	YAAINC@HOTMAIL.CO	City/State and Zip Code	2022 (SEC) TA
	-	to be used for future annual report noti	Figure 1
For further information of	concerning this matter, please c	•	SECRETARY OF STATE TALLAMASSEE, The Telephone Number
MARITZA COLONIA		754 7030189	PH 3:
Name o	f Person		e Telephone Number 7235
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T.	porations allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CASTELLANA BROKERS 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 $\frac{03/11/2019}{1}$ and assigned Florida document number 1.19000067624 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) 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 the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

j

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
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