# L19000 068 470

Office Use Only



700337771977

12/09/19--01010--034 \*\*25.00

019 DEC -9 PM 4: 43 SECRETARY OF STATE

O SIMMONS JAN 13 2020

## **COVER LETTER**

TO: Registration Se Division of Cor						
Castle Bla	ck LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Yanet Elias					
		Name of Person				
	Castle Black LLC					
		Firm/Company				
	7440 SW 88 Street, #24	.02				
		Address				
	Miami, FI 33156					
		City/State and Zip Code				
	yanetaleaga@gmail.com					
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	otification)			
Yanet elias	<i>g</i> ,,	305 9927563				
Name o	of Person	at () Area Code Dayti	ime Telephone Number			
Enclosed is a check for the	he 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		Street Address: Registration S	Section			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle Black LLC		
(Name of the Limited L. (A F	ability Company as it now appears on our records orida Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liabili Florida document number L19000068470	ty Company were filed on 3/11/2019	and assigned
This amendment is submitted to amend the followin	g:	2019 DEC -9 SECRETARY
A. If amending name, enter the new name of the		30° - 11
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "FE.C."
Enter new principal offices address, if applicable	:	E, FIX
(Principal office address MUST BE A STREET A	DDRESS)	THE W
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	r -
_		orida Zip Code
	City	zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

0 4 5 110

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

**AMBR** = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YANET ELIAS	7440 N. KENDALL DR, #2402, Miami, FI 33156	🗏 Add
			□Remove
			DChange
MGR	Christopher Ortega	6890 SW 64 Street, Miami, Fl. 33143	<b>=</b> Add
			□Remove
			hange
		L'AHAS	EC de la
		97 98 100	⊕ — Remove
		<u> </u>	STATE CHange
			□Add
			🗆 Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
		***	□Add
			□Remove
			□Change

## Page 2 of 3

). If amending any other information, enter change(s) here: (Attach additional sheets, i	if necessary.)	
		<del></del>
		<del></del>
	SECRETARY DE TALLAHASSEE	2019 DEC
		() a.n.a.
	- <u> </u>	
	E, FL	_ <u> </u>
		ည
C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing.) Pur ts, this date will	suant to 605.0207 not be listed as
f the record specifies a delayed effective date, but not an effective time, at 12 b) The 90th day after the record is filed.	:01 a.m. on t	the earlier of
Dated 24/19 10000 1	Millo	<u>つ</u>
Signature of a hember or authorized representative of a member	<del></del>	
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00