

L19000 085 231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

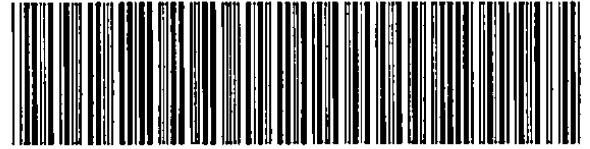
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1-2019-11-12 PM 1:37

2019-12-12 PM 1:37

Amend

SEP 21 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTAWAYS ENERGY 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:

CARL ROGER CRAIG

Name of Person

CASTAWAYS ENERGY, LLC

Firm/Company

1739 FOXBORO DR

Address

ORLANDO, FL 32812

City/State and Zip Code

ccraig0226@gmail.com

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

For further information concerning this matter, please call:

CARL ROGER CRAIG

Name of Person

at (407)

Area Code

373-5617

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CASTAWAYS ENERGY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUN 12 Pii 1:31

The Articles of Organization for this Limited Liability Company were filed on 3/27/19 and assigned Florida document number L19000085231

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)

1739 FOXBORO DR
ORLANDO, FL 32812

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:

CARL ROGER CRAIG

New Registered Office Address:

1739 FOXBORO DR

Enter Florida street address

ORLANDO

City

Florida

32812

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	Nathan J Traynor	2906 JEBIDIAH LP	<input type="checkbox"/> Add
		ST CLOUD FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Collin Windham	515 CONNECTICUT AVE	<input checked="" type="checkbox"/> Add
		ST CLOUD FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nathan Crowningshield	12993 Mallory Cir APT 205	<input checked="" type="checkbox"/> Add
		Orlando, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1 SEPTEMBER, 2019

Signature of a member or authorized representative of a member

CARL CRAIG

Typed or printed name of signee