# L19000224528

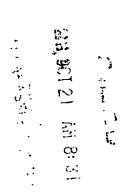
(F	Requestor's Name)
	Address)
( <i>P</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
([	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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## **COVER LETTER**

			COVER LETTER	•
TO:	Registration So Division of Co		,	
CHDI	ЕСТ:	CASTLEGU	ARD ARMORY LLC	
SUBJ	ECI:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		<del></del>	Sonia Becerra	
			Name of Person	
		-	Firm/Company	<del></del>
		5	15 Post Oak Bl <b>vd. #</b> 300	
			Address	
		1	Houston, Texas 77027	
			City/State and Zip Code	
			filings@swyftfilings.com	
			to be used for future annual report notif	ication)
For fu	rther information o	concerning this matter, please ca	all:	
	Sonia E	Becerra	at (877 ) 777-045	50
	Name o	of Person		Telephone Number
Enclo:	sed is a check for t	he following amount:		
<b>⊠</b> \$2	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



### CASTLEGUARD ARMORY 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	09/06/2019	and assigned
Florida document number <u>L19000226528</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," I	the designation "LLC" or the abb	reviation "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)		<del></del>
<del></del>	<u> </u>	
B. If amending the registered agent and/or registered office address	on our records, enter t	he 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	
	Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in the	his capacity. I further agre	e to comply with the

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.

X 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>	Address	Type of Action
AMBR	Melissa Bird	21 W 13th St	X Add
		Apopka, FL 32703	Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
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Note: If	date, if other than the date of filing:	Pursuant to 605.02 ill not be listed
	ispecifies a delayed effective date, but not an effective time, at 12:01 a.m. or the day after the record is filed.	n the earlier
Dated _	October 11th 2019	
	10	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00