

8/24/2021

Division of Corporations

L19000298182  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

((H21000317476 3)))



H210003174763ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : UNITED TITLE TEAM LLC  
Account Number : I20210000119  
Phone : (786)816-4328  
Fax Number : (786)513-4650

**\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A & A CASTRO INVESTMENTS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

SEP 22 2021

S. PRATHER

2021 SEP 21 AM 11:06

ALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

850-817-8381

8/25/2021 10:58:27 AM PAGE 1/001 Fax Server



August 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A & A CASTRO INVESTMENTS, LLC  
14750 SW 57TH TERRACE  
MIAMI, FL 33193

SUBJECT: A & A CASTRO INVESTMENTS, LLC  
REF: L19000298182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P17000012953.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H21000317476  
Letter Number: 421A00020432

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & A CASTRO INVESTMENTS, 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:

ANDRES CASTRO

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

A & A CASTRO INVESTMENTS, LLC

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

14331 Sw 151st Ct

\_\_\_\_\_  
Address

MIAMI, FL 33196

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

CCSERVICIOTOTAL@GMAIL.COM

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

For further information concerning this matter, please call:

ANDRES CASTRO

786

780-5432

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

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

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 810  
Tallahassee, FL 32303

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

A & A CASTRO INVESTMENTS, 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 12/02/2019 and assigned  
Florida document number L19000298182.

This amendment is submitted to amend the following:

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

PRESSURE WASHING RENEW LLC

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

Florida

City

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

**MGR = Manager**  
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| <hr/>        | <hr/>       | <hr/>          | <input type="checkbox"/> Add    |
|              |             | <hr/>          | <input type="checkbox"/> Remove |
|              |             | <hr/>          | <input type="checkbox"/> Change |
| <hr/>        | <hr/>       | <hr/>          | <input type="checkbox"/> Add    |
|              |             | <hr/>          | <input type="checkbox"/> Remove |
|              |             | <hr/>          | <input type="checkbox"/> Change |
| <hr/>        | <hr/>       | <hr/>          | <input type="checkbox"/> Add    |
|              |             | <hr/>          | <input type="checkbox"/> Remove |
|              |             | <hr/>          | <input type="checkbox"/> Change |
| <hr/>        | <hr/>       | <hr/>          | <input type="checkbox"/> Add    |
|              |             | <hr/>          | <input type="checkbox"/> Remove |
|              |             | <hr/>          | <input type="checkbox"/> Change |
| <hr/>        | <hr/>       | <hr/>          | <input type="checkbox"/> Add    |
|              |             | <hr/>          | <input type="checkbox"/> Remove |
|              |             | <hr/>          | <input type="checkbox"/> Change |
| <hr/>        | <hr/>       | <hr/>          | <input type="checkbox"/> Add    |
|              |             | <hr/>          | <input type="checkbox"/> Remove |
|              |             | <hr/>          | <input type="checkbox"/> Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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.

Dated 08/24/2021

*Archie C. Cox, Jr.*  
Signature of a member

Signature of a member or authorized representative of a member

ANDRES CASTRO

Typed or printed name of signee

**Filing Fee: \$25.00**