L19000298648

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COVER LETTER

TO: Registration 5 Division of Co			
SUBJECT:	Castle D Name of Lin	Destinations, LL	C) 20 FCB - 8 PM 12: 59
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	S PAID
	Belina	Name of Person	
	_ Lastle	Destinations,	LLC
	4300 N	Molino Rd Address	
	Molina Castle	City/State and Zip Code Clestinations To be used for future annual report notified.	10 agmail.com
For further information of	concerning this matter, please ca		~
Belinda I	EVYU of Person	at (\$51) 393- Area Code Daytime	Telephone Number
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 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

B Castle	Destinations	5, LLC	93300
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	our records.)	5 30
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{12}{6}$	9/2019	and assigned
Florida document number <u>L19000298648</u>	<u></u> .		<u> </u>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	ition "LLC" or the abbri	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR.	ESS)		
			*
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Florida stre	eet address	
	Ciry	Florida	Zip Code
	v- nj.		z.ip ∪скiе

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>	Address	Type of Action
MGR	Belinda H. Perry	4300 Molino Rd	Add
		Molino, FL 32577	□Remove
			<u> </u>
AMBR	James D. Perry	4300 Molino Rd	□Add
		Molino, FL32577	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
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an effective da lote: If the d	ate inserted in th	e must be specific nis block does n	and cannot be pri	licable statutory f	or more than 90 day	(optional) s after filing.) Pursi ts. this date will r	uant to 605,020' not be listed as
e record sp The 90th	pecifies a dela day after the	ayed effectiv record is file	re date, but r ed.	not an effectiv	e time, at 12	:01 a.m. on ti	ne earlier o
ated	129		<u>_ aoa</u>	<u>w</u> .			
		Be	elinda	JA	rrev	<i></i>	
		Signature c	of a member or au	thorized representa	tive of a member		

Page 3 of 3