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Registration Section

TO:

FO: Registration Se Division of Cor		_	§
SUBJECT: Cas	tle Real	ES-1 CC+e L	LC:
	,		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter t		
rease return an correspo	nother concerning and matter.		
	Margare	Name of Person	
	3127 Mer	ion Dr	
	Miraina	ar Practin F	1 32550
	·		
		City/State and Zip Code	
	F-mail address: (SHEC COX. O	e+ ification)
For further information c	oncerning this matter, please ca	ıll:	
Margar Name o	et Castle	at (<u>850)</u> <u>502</u> -	-CI & CI 5 ne Telephone Number
inclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Compa	my were filed on		and assigned
Florida document number <u>L 2 0 000 0 3717</u> 2	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Coton and Sing attended Copplingbla			· 、
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			2020
Standing dataress BIAT BE ATOST OFFICE HON		-	
3. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ce address on our reco	ords, <u>enter the name</u>	of the new registered
New Registered Office Address:			
isen negisiered Office Addiess.		street address	
	Florida		
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Age			
hereby accept the appointment as registered agent and a covisions of all statutes relative to the proper and complecept the obligations of my position as registered agent wing filed to merely reflect a change in the registered off ompany has been notified in writing of this change.	ete performance of m as provided for in Cha	v duties, and Lam fo apter 605, F.S. Or, (miliar with and if this document is
TI (Ihanging Registered Agent	t, Signature of New Reg	istered 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
AP	Collin R. Thomas		🗆 Add
			[PKemove
			□Change
AC	Justin T Androw	S	🗆 Add
			Elikemove
			□Change
			🗆 🖊 dd
			□Remove
			□Change
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