L20 000061003

(Requestor's Name)	
(Address)	800341978
(Address)	000341370
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/15/2001025
(Document Number)	-1.
Certified Copies Certificates of Status	
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Office Use Only



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Amend

MAR 2 G 2020 LALERITTON

COVER LETTER

	Registration Sec Division of Corp			
CUD IE		Castling, LLC		
SUBJEC	.I:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Steven Fluckiger		
			Name of Person	
		Legally Mine		
			Firm/Company	
		PO Box 1629		
			Address	
		Orem, UT 84059		
			City/State and Zip Code	
		steven.f@legallymineusa.co		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Steven F	Fluckiger		800 375•2453 Ex at () Area Code Daytime	t. 139
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.9	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:

e .

TO:

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**

	O	F	
Queen-Side Castling, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	and assigned
The Articles of Organization for this Limited Li	ability Company	were filed on <u>02/24/2020</u>	and assigned
Florida document number L20000061003	·		
This amendment is submitted to amend the following	owing:		۹,
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the w	ords "Limited Liabii		the appreviation "L.L.C.
Enter new principal offices address, if applicable:		1520 Neola Trl.	
(Principal office address MUST BE A STREE	T ADDRESS)	Winter Park, FL 32789	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/	or registered of	· ·	enter the name of the new
registered agent and/or the new registered of	fice address here	<u>e</u> :	
Name of New Registered Agent:	William Palmer	r	
New Registered Office Address:	1520 Neola Trl		
		Enter Florida street address	
	Winter Park	. Florie	da ³²⁷⁸⁹
		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

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
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
	•		

_____ Change

). If amend	ing any other inform	ation, enter change(s) here: (Attach addit	ional sheets, if necessary.)
			
			
			
			
Note: If t	the date inserted in this b	e date of filing: ast be specific and cannot be prior to date of filing or a clock does not meet the applicable statutory filing partment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)(ng requirements, this date will not be listed as the
	d specifies a delaye Oth day after the re		time, at 12:01 a.m. on the earlier of:
Dated _	March 9	. 2020	
		- /	
		Signature of a member or authorized representativ	re of a member

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Typed or printed name of signee

Filing Fee: \$25.00