

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210000705893

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To:

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

From:

Account Name : MBA ACTIVATION, LLC
Account Number : I20130000007
Phone : (786)439-9847
Fax Number : (786)345-0666

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

Email Address: sergueipm@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASTILLO THERAPY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01

--MAR--2-2021--

M. SOLOMON

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

Castillo Therapy Solutions, 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 12/28/2020 and assigned
Florida document number L21000005923

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City _____, 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 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.

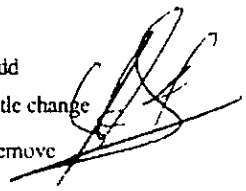
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sandy Castillo Perez	8217 SW 72nd Ave.	<input checked="" type="checkbox"/> Add
		Apt. 1901	<input type="checkbox"/> Title change
		Miami, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Title change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Title change
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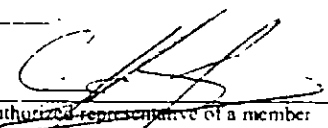
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 02/19/2021 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 19th , 2021



Signature of a member or authorized representative of a member
Sandy Castillo Perez - Manager

Typed or printed name of signer

Note: Add EIN: 861681814

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