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COVER LETTER

Division of Corporations CASTLE INSURANCE ADVISORS LLC SUBJECT: 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: MARIA ARANGUREN Name of Person CASTLE INSURANCE ADVISORS LLC Firm/Company 14629 SW 104TH ST #414 Address MIAMI, FL 33186 City/State and Zip Code INFO@CASTLEINSURANCEADVISORS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA ARANGUREN Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

(Name of the Lim		iny as it now appears Liability Company)	on our records.)
	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited I Florida document number 86-1909939	Liability Company	were filed on $\frac{02/0}{}$	5/2021 and assigned
his amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		14629 SW 104TF	1 ST #414
Principal office address MUST BE A STRE		MIAMI, FL 3318	6
Enter new mailing address, if applicable:	7.000		
<u>Mailing address MAY BE A POST OFFICE</u>	: <u>BOX)</u>		
			
3. If amending the registered agent and/or	•	address on our rec	cords, enter the name of the new regi
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	MARIA JESUS ARANGUREN		
New Registered Office Address:	14629 SW 104	TH ST #414	
		Enter Florid	la street address
	MIAMI		, Florida 33186
		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 of 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	MARIA ARANGUREN	14629 SW 104TH ST #414	■Add
		MIAMI, FL 33186	□ Remove
			□Change
MGR	SANDRA RODRIGUEZ	14629 SW 104TH ST #414	□Add
		MIAMI, FL 33186	
			Change
			
			□Remove
			□Change
			□Add
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