L21000083572

(Requestor's Na	me)
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(City/State/Zip/F	Phone #)
PICK-UP WAIT	Γ MAIL
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(Business Entity	(Name)
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Special Instructions to Filing Officer	r:

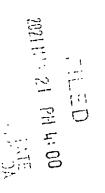




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COVER LETTER

	istration Se ision of Cor			
SUBJECT:	CASTELG	AS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHRISTIAN SILVESTRE	?	
			Name of Person	
			Firm/Company	
		2000 PONCE DE LEON I	BLVD. SUITE 600	
			Address	
		CORAL GABLES, FL 33		
		CHRISTIAN@TRUSTJAD	City/State and Zip Code PE.COM	
ro i e iuli i i			to be used for future annual report no	tification)
		oncerning this matter, please c	786 999-9692	
CHRISTIAI	N SILVESTE		at ()	me Telephone Number
	Name o	f Person	Area Code Dayu	me retepaone sumber
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 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)
	iling Addres		Street Address: Registration S	ection
	gistration S vision of C	Section forporations	Division of Co	
P.0	D. Box 632	.7	The Centre of	Tallahassee
Та	llahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTELGAS		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 02/18/2021	and assigned
Florida document number L21000083572		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	N/N	
he new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
Inter new mailing address, if applicable:	-/A	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered o	ffice address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
N	N/n	
Name of New Registered Agent:	(1)	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	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 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>	Name	Address	Type of Action
MGRM	DANIEL RUBIO	2000 PONCE DE LEON BLVD, SUITE 600	🗆 Add
		CORAL GABLES, FL 33134	□Remove
			Change
MGRM	LUIS BARONE	2000 PONCE DE LEON BLVD., SUITE 600	□Add
		CORAL GABLES, FL 33134	□Remove
			= Change
MGR	CHRISTIAN SILVESTRE	2000 PONCE DE LEON BLVD. SUITE 600	= Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			□Add
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cument's effective date on the I	Department of State's rec	ords.	mg requirements, mis	date will not be fraced
				مسد
ecord specifies a delayed effecti	ve date, but not an effect	ive time, at 12:01 a.	m, on the earlier of: (b'	The 90th day after th
is filed.				
MAY 12	2021			2 5
ted Stories		·		The 90th day after the
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	1/1/1	<u> </u>		
	Signature of a member or	authorized representa	tive of a member	9

Filing Foot \$25.04