

L21 000098584

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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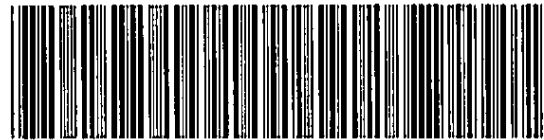
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S.C.



Jeanette Castillo, Esq.
P.O. Box 522582
Longwood, FL 32752
P: (407) 900-3227
F: (407) 874-1332
jeanette@castillo.legal

March 18, 2021

VIA USPS

Registration Section
Division of Corporations
The Centre of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Castillo Law Firm, PLLC
FL Document No. L21000098584
FL EIN 86-2634516

To whom it may concern:

Enclosed, please find Castillo Law Firm, PLLC's Amended Articles of Amendment and \$25.00 money order for the same. Castillo Law Firm, PLLC wishes to amend its Articles to add Jeanette Castillo (President) as an Authorized Person/Member. Additionally, it wishes to amend its mailing address to: PO Box 522582, Longwood, Florida 32752.

Please advise if additional information is needed to process the same. I may be reached at (407) 900-3227 or jeanette@castillo.legal.

Sincerely,

s/ Jeanette Castillo

Jeanette Castillo, Esq.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Castillo Law Firm, PLLC
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:

Jeanette Castillo, Esq.
Name of Person
Castillo Law Firm, PLLC
Firm/Company
P.O. Box 522582
Address
Longwood, Florida 32752
City/State and Zip Code
jeanette@castillo.legal
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette Castillo, Esq. 407 900-3227
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Castillo Law Firm, PLLC

(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 March 1, 2021 and assigned
Florida document number 121000098584.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

P.O. Box 522582

Longwood, Florida 32752

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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
President	Jeanette Castillo	PO Box 522582	<input checked="" type="checkbox"/> Add
		Longwood, FL 32752	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 [Signature]
 [Stamp]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0267.13(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) - The 90th day after the record is filed.

Dated March 17 2021

Jeannette Castillo
Signature of a member or author

Signature of a member or authorized representative of a member

Jeanette Castillo

Typed or printed name of signee

FILED
MAR 23
A 11:44
90th day after the