Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000206532 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TUCONTADORENMIAMI.COM ELC

Account Number : I20200000152 : (561)341-1582 Phone : (561)264-6286 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANCESCA CASTILLO, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: Registration Sec Division of Corp | ction corations | | |
|---|--|--|--|
| | FRANCESC | A CASTILLO, LLC | |
| SUBJECT: | Name of Limit | ted Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspon | ndence concerning this matter t | o the following: | |
| | P.A | ABLO E GOYENECHEA | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | |
| | TUCC | ONTADORENMIAMI.COM LLC | |
| | | Firm/Company | |
| | 601 | HERITAGE DRIVE, SUITE 461 | |
| | | Address | |
| | | JUPITER, FL 33458 | |
| | | City/State and Zip Code | |
| | | TUCONTADORENMIAMI.CON | |
| | | to be used for future annual report no | tification) |
| For further information c | oncerning this matter, please ca | all: | |
| PABLO E GO | YENECHEA | 305 at () | 520-9343 |
| Name o | f Person | Area Code Daytii | me Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of C P.O. Box 632 | Section Corporations 27 | Street Address: Registration S Division of Co The Centre of | orporations Tallahassec |
| Tallahassee, | FL 32314 | 2415 N. Mont | oe Street, Suite 810 |

Tallahassee, FL 32303

 \odot

From: +15612646286

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 MAY 24 AM 10: 40

| FRANCESCA CASTIL | LO, LLC | 9.4 [72] | CHETARY OF STATE |
|--|--|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | iy as it now appears (lability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company v Florida document number | were filed on | 03/25/2021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here | 2: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the desi | ignation "LLC" or the a | bbreviation "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) | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | iddress on our rec | cords, <u>enter the nai</u> | ne of the new registered |
| 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this co performance of n provided for in Cl | ny duties, and Lam hapter 605, F.S. Oi | familiar with and r, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

0

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 |
|--------------|------------------|---------------------|----------------|
| MGR | SANTIAGO ALLASIA | 1491 WASHINGTON ST | ■Add |
| | 1 | HOLLYWOOD, FL 33020 | Remove |
| | | | □Change |
| | | | □Add |
| | | | |
| | | | Change |
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| | | | Change |

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