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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	usiness Entity Na	me)
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration of Division of	on Section f Corporations	•	
SUBJECT:	V & R	Castle L	.L C
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
	respondence concerning this matter	-	
	Jai	me Velasco Name of Person	1082
		/ & R Cas	tle LLC -
	16081 D	awnyiew D	T
	Tampa	FL 3362 City/State and Zip Code	nail. com report notification)
For further informat	E-mail address: (955 1049 1824 0CT -2 PH 2:1
Jaime	Velasquez ame of Person	at (<u>813</u>) Area Code	955 1049 =
Enclosed is a check	for the following amount:		
 \$25.00 Filing F	Tee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
<u>Mailing Ad</u>	ddress: tion Section	Street Ac	Idress: ation Section
•	of Corporations	-	n of Corporations
P.O. Box	•		itre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V & 1	R castle	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	Company were filed on <u>04</u> /	14 / 2021 and assigned
Florida document number <u>L Z 1000 172 611</u>	<u>B_</u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	2[24 C SECF FAI
Enter new mailing address, if applicable:		CT -2
(Mailing address MAY BE A POST OFFICE BOX)		
		2:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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>	Type of Action
MGR	Lierly Roque Reyes	1262 Royal St. George Blu	<u>d</u> ⊠Add
		Davenport, FL 33896	□Remove
			□Change
			□Add
			□Remove
			□ Change
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		- IALL	Add Remove Change
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	the date must be specific a d in this block does no					
ument's effective dat	e on the Department o	f State's records.				
aged specifies a deles	ed effective date, but n	ot an effective tim	a at 12:01 a.m. on th	na apeliae of: (h)	The Ofth day	after the
s filed.	ed effective date, but is	iot an enecuve um	e, at 12.01 a.m. on t	ic carrier or. (b)	The 90th day	anei un
ed Septer	wher 30 Signature of	<u> 2024</u>	. / /			
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Filing Fee: \$25.00