

121 000257338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

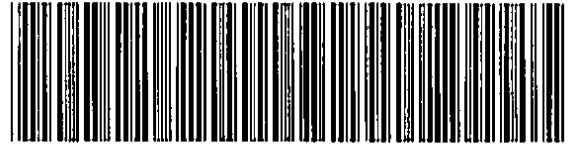
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Email on
12/8/21 from Joseph
Driscoll
Need ~~SIG~~ 12/8/21

Office Use Only



500375557085

10/29/21 -- 01013--000 •\$25.00

SECRETARY OF STATE
MAIL

2021 DEC -8 AM 10:27

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2021

JOSEPH P. DRISCOLL
12 SALT CAY PL
ST. AUGUSTINE, FL 32092

SUBJECT: CASTAWAY STA LLC
Ref. Number: L21000257338

We have received your document for CASTAWAY STA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS
OPS

Letter Number: 521A00027281

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASTAWAY STA LLC
Name of Limited Liability Company

Received
by Emd
12/8/21

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph P. Driscoll
Name of Person

CASTAWAY STA LLC
Firm/Company

12 Salt Cay PL
Address

ST Augustine, FL 32092
City/State and Zip Code

boathiking292@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph P. Driscoll at 904 237 9269
Name of Person Area Code Daytime Telephone Number

Already Paid

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

CAST AWAY STA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 DEC -8 AM 10:27

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 06/02/2021 and assigned
Florida document number 421000257338

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)

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>
MGR	Joseph P. Driscoll	12 Salt Cay Pl St Augustine FL 32082	<input checked="" type="checkbox"/> Add
			<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"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 12/07/2021
Joseph P. Driscoll
 Signature of a member or authorized representative of a member
JOSEPH P. DRISCOLL
 Typed or printed name of signee

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