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COVER LETTER

	astellanos	Recio LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all	l correspor	ndence concerning this matter	to the following:	
	Name of Limited Liability Company Tricles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Jonathan M. Castellanos			
			Name of Person	
			Firm/Company	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) dress: tion Section of Corporations atre of Tallahassee
		8678 Key Royale Ln, Apt	#301	
			Address	
	Name of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Jonathan M. Castellanos			
			City/State and Zip Code	
		· ·		
For further info	rmation co			fication)
Jonathan M. Ca			239 222-1864	
	Name of	Person		e Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25.00 Filin	ng Fec		Certified Copy	Certificate of Status & Certified Copy
				ntion
			-	
P.O. I	30x 6327	·		•
Tallah	nassee, F	L 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castellanos Recio LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on July 19, 2021	and assigned
lorida document number L21000328139		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2021 SEC
Principal office address MUST BE A STREET ADDRESS)		SEP SEP
		HAN 9
		SSEE, STEE,
Enter new mailing address, if applicable:		17.
Mailing address MAY BE A POST OFFICE BOX)		59
b. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John Loewy	8678 Key Royale LA	= Add
		Apr 301 Tampa F1 33614	□Remove
		Tampa F1 33614	□Change
			□Add
			□Remove
			□ Change
			□Add
		-	□ Remove
			□Change
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