

L21000415908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

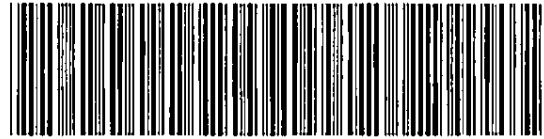
(Business Entity Name)

(Document Number)

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FILED
MAY -5 PM 12:13
STATE
TALLAHASSEE, FL

05/08/23--01001--023 **30.00

RECEIVED
MAY -5 PM 4:00
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASTAWAY RETREAT LLC
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:

GISELA PARRA
Name of Person

CASTAWAY RETREAT LLC
Firm/Company

6220 NW 77TH TER
Address

PARKLAND, FL 33067
City/State and Zip Code

GISELAPARRA66@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GISELA PARRA at (561) 862-3200
Name of Person Area Code Daytime Telephone Number

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, Tallahassee, FL 32310

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

FILED

CASTAWAY RETREAT LLC

2023-11-05 PM 12:13

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/21/2021 and assigned
Florida document number L21000415908.

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:

GISELA PARRA

(Principal office address MUST BE A STREET ADDRESS)

6220 NW 77TH TER

PARKLAND, FL 33067

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	PARRA-DAVILA, EDUARDO	6220 NW 77TH TER	<input type="checkbox"/> Add
		PARKLAND, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CARLOS E MARQUEZ	6220 NW 77TH TER	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GISELA PARRA	6220 NW 77TH TER	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Multiple horizontal lines for amending information.

FILED
2023 MAY 15 PM 12:13
DEPARTMENT OF STATE
TALLAHASSEE FL

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 605.0207 (3)(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 MAY 1ST 2023

Signature of a member or authorized representative of a member

EDUARDO PARRA

Typed or printed name of signee