

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000397728 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

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

E41	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASTILLA ENTERPRISES INTL LLC

FH 12: 1.	FIGRID
9	- 55
OCT	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7021	

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

OCT 27 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTILLA	A ENTERPRISES INTLILLO		`రా
(Name of the Limited Lia) (A Flor	pility Company as it now appear rida Limited Liability Company)	s on our records.)	圣
The Articles of Organization for this Limited Liability	Company were filed on	09/29/2021	and assigned
Florida document numberL21000427130			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	re:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		<u> </u>
(Principal office address MUST BE A STREET ADd	DRESS)	···	
			- 17 - y
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		- ····,	
			<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our re ::	ecords, <u>enter the na</u>	me of the new registere
	:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	<del></del>	, 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 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
MGRM	ESTEBAN CASTILLA ASTORG/	201 SW 78TH PL	
		MIAMI, FL 33144	■Remove
			Change
		·	□Add
			□Remov <b>e</b>
			Change
	***************************************		CAdd
			□Remove
			CRemove
			Change
			□Add
		-	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

						_
						_
<del></del>			<del></del>			_
<del></del>				·		_
						_
			·		" ···	-
			<del> </del>	<del></del>		- <b>%</b>
<del></del>	<del></del>					2021 OCT
						_ 2
<del>,,, </del>						_ <u>o</u> ` ;
			- 110.	<del></del>		6 AM 10: 1
						_
				<del></del>		_
(If an effective date in Note: If the date	if other than the date is listed, the date must be s inserted in this block d tive date on the Depart	pecific and cannot be loes not meet the ap	prior to date of filing of plicable statutory fi	r more than 90 days aft	.ional) er filing.) Pursuant to 60 nis date will not be lis	05.0207 (3)(b) sted as the
the record specifies cord is filed.	a delayed effective dat	e, but not an effecti	ve time, at 12:01 a.i	n. on the earlier of: (	(b) The 90th day aft	ter the
Dated OCTOBE	R 20	2021	,			
		, (	$\overline{\mathcal{D}}$			
-	Sign	ature of a member or	authorized representa-	ive of a member		

Typed or printed name of signee