Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DOMUS GLOBAL TAX ADVISORS LLC

Account Number : I20200000162 Phone : (407)334-7001 Fax Number : (123)456-7890

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

Email Address: FERNANIA @ POHUS GIODAL TAX. CON

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASTELLAR CALDEIRA SOLUTIONS LLC

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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Division of C	i Section Corporations				
CUDIE		LLAR CALDEIRA SOLUTION	S LLC			
SUBJEC	-I; <u> </u>	Name of Lie	nited Liability Company			
The encl	losed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please re	eturn all corre	espondence concerning this matter	r to the following:			
		FERNANDA FIGUEIRE	DO			
			Name of Person			
Firm/Company				<del></del>		
7680 UNIVERSAL BLVD STE 510						
Address						
		ORLANDO, FL 32819				
		<del></del>	City/State and Zip Code			
		FERNANDA@DOMUSC				
		E-mail address:	(to be used for future annual report not	ification)		
For furt	her information	on concerning this matter, please	call:			
FERNA	NDA FIGUI	EIREDO	407 334-7001 at ()			
	Nai	me of Person	Area Code Daytin	ne Telephone Number		
Enclose	d is a check f	or the following amount:				
<b>■</b> \$25	i.00 Filing Fe	e S30.00 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 Ad Registrati	dress: on Section	Street Address: Registration Se	ection		
	Division of	of Corporations	Division of Co	rporations		
P.O. Box 6327			The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

CASTELLAR CALDEIRA SOLUTIONS LLC

(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Florida document number 1.21000449495		y were filed on 10/14/2021	and assign	
This amendment is submitted to amend the fo	llowing:		<b>لىد</b>	
A. If amending name, enter the new name	of the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)	<del> </del>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our records,	enter the name of the new registered	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
ne Articles of Organization for this Limite orida document number 1.21000449495 his amendment is submitted to amend the If amending name, enter the new name //A he new name must be distinguishable and contain to anter new principal offices address, if apprincipal office address MUST BE A STR.  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE.  If amending the registered agent and/or the new registered office address May Be a post of the new registered office address May Be a post of the new registered office address May Be a post of the new registered office address May Be a post of the new registered office address May Be a post of the new registered Agent:		Enter Florida street address		
	N/A		, Florida N/A	
		Cuy	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>	Address	Type of Action
MGR	LUIS FELIPE DA ROCHA CALDEIRA PINTO AMARAL	7229 SUNNY MEADOW ALY	□Add
		WINDERMERE, FL 34786	
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			DAdd
			□Remove
			□ Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mus	date of filing:	t he prior to dat	of filing or mo	(op re than 90 days aft	tional) ter filing.) Pursus	ant to 605,0207
Note: If the date inserted in this ble	ock does not meet th	ie applicable s	tatutory filing	requirements, t	his date will no	ot be listed as
document's effective date on the De	spartment of State's	records.				
e record specifies a delayed effective	e date, but not an eff	fective time, a	t 12:01 a.m. o	n the earlier of:	(b) The 90th	day after the
rd is filed.						
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October 25 Dated		···				
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	– LUN TEUDE I	311 PC(M/I 1	INUU AMUR	UL		
	Suparure of a member	r or authorized	representative	if a member		
	Luis Felipe a Signature of a member	r or authorized	representative of	of a member	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>

Filing Fee: \$25.00