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COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	dential LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Patrick James Donnelly					
	 	Name of Person				
	Castle Residential					
		Firm/Company				
	Castle Residential Firm/Company 12331 SW 3rd Street. Suite 100 Address Plantation. FL 33325 City/State and Zip Code pjamesdonnelly@gmail.com E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: 954 325-7669 Name of Person Area Code Daytime Telephone Number					
		Address				
	Plantation, FL 33325					
			(fication)			
For further information c	Castle Residential Firm/Company 12331 SW 3rd Street, Suite 100 Address Plantation, FL 33325 City/State and Zip Code pjamesdonnelly@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call:					
P James Donnelly						
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres		Street Address:	ection			
Registration Section Division of Corporations		_	Registration Section Division of Corporations			
P.O. Box 632	7	The Centre of	Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle Residential LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/02/2021}{1}$ and assigned Florida document number 1.21000511576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Crown Residential LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ___

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

t <u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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ective date, if other than the effective date is listed, the date mode: If the date inserted in this burnent's effective date on the I	lock does not meet th	e applicable statu	illing or more than 9 tory filling require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605.020 will not be fisted a
cord specifies a delayed effecti s filed.	ve date, but not an eff	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The	90th day after the
March 13,	202	3			
ca					
20					
ed	Signature of a member	or authorized ferra	esentative of a mem	ber	