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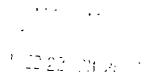
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COVER LETTER

	Registration Se Division of Cor			
cup inc	T Castle Re	alty LLC	* No	un Change Only
SUBJEC	.1:	Name of Lim	ited Liability Company	0
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Tia Castle		
			Name of Person	·
		CastleLux Rentals		
			Firm/Company	· ·
		1812 N 69 nrad Ave	to 1812 N (lonrad Ave
			Address	
		Sarasota, FL 34234		
			City/State and Zip Code	11111
		Tia@Castleluxrentals.com	to be used for future annual report n	otification
For furth	er information c	oncerning this matter, please c		
Tia Castl	le		954 558-2922 at ()	
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
≘ \$25.0	00 Filing Fec	□ \$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 Addres		Street Address: Registration S	
	Registration S Division of C		Division of C	
	P.O. Box 632		The Centre o	f Tallahassee roe Street, Suite 810
	Tallahassee, l	TL 34314	Z415 IN. MION	not oncer, ounce on

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



T Castle Realty LLC		·
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records. ted Liability Company)	· i.
The Articles of Organization for this Limited Liability Compa Florida document number L22000064640	any were filed on Feb. 8, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Chanit Tia Castle LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offinagent and/or the new registered office address here:	ce address on our records, enter t	he name of the new regi
Name of New Registered Agent:	V/A	
New Registered Office Address:	Enter Florida street address	·
	, Flor	
	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:

or removed fr	<u>om our records</u> :		
MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
		Address	□Add
			□Remove
			\rightarrow Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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	N/A				
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tive date, if othe	r than the date of filin the date must be specific and ed in this block does not i	ig.	of filing or more than	(optional)	ursuant to 605 (
			atutory filing requir	ements, this date wi	Il not be listed
nent's effective da	ite on the Department of S	State's records.			
rd specifies a dela iled.	yed effective date, but no	t an effective time, at	12:01 a.m. on the e	arlier of: (b) The s	00th day after
ried.					
l			- // n	10	
	(1/1/2	W. V.	x (/xx)	4	
	Signature of a	member or authorized	representative of a me	mber	

Filing Fee: \$25.00