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## **COVER LETTER**

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TO: Registration Se Division of Cor			
SUBJECT:	Haways On Shame of Lim	We Realty LLC ited Liability Company	
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The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Staci	SHALL N Name of Person	
	<u>Castaways</u>	On have Really L	LC.
	3366 Str	ngfellw Rd.	<del> </del>
	Saint Jan	OLS City F 339 F City/State and Zip Code	óle
	Stacib (	Stevens we mail to be used for future annual report not	1.(m
For further information e	oncerning this matter, please ca	all:	
Strei Ster	(n)	ar (234), 728-1	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassec, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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

Castaways	Onshor		ty LLC		
(Name of the Limited L (A F	iability Company Iorida Limited Lia	as it now app bility Company	ears on our records.)	202"	17.00 10.00
The Articles of Organization for this Limited Liabil Florida document number <u>L22000281</u> This amendment is submitted to amend the following	774.	ere filed on	6/21/2022	and ass	igned 2
	_				
<u> </u>	Real ty 1	.LC			
The new name must be distinguishable and contain the words	"Limited Lightlity	Company." th			^
Enter new principal offices address, if applicable	e:	Same	mailing add	ress as L	e We
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>V)</u>	Sami	mailing	addyess (1	s before
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our	records, <u>enter the l</u>	name of the nev	v registered
Name of New Registered Agent:	Same as	betive			<del></del>
New Registered Office Address:	Samu as	betive Enter t	Torida street address		
			, Florida	1	
<del>-</del>		City	1	Zip Code	
New Registered Agent's Signature, if changing Regi	stered 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>	Address	Type of Action
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an effe fote: 1	re date, if other than the date of filing:	
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d.	90th day after th
ated _	July 7th . 2022	
	Signature of a member or authorized representative of a member	

. . .

Filing Fee: \$25.00