

L220000400431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

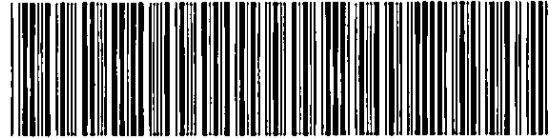
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SEP 26 2022

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09/26/22--01005--003 \*\*25.00

2022 SEP 26 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

2022 SEP 26 AM 10:33  
J. HORNE  
TALLAHASSEE, FL 32399

RECEIVED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Castillo Real Estate Jax, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Miller

\_\_\_\_\_  
Name of Person

Castillo Real Estate Jax LLC

\_\_\_\_\_  
Firm/Company

6518 Sherry Lane

\_\_\_\_\_  
Address

Saint Augustine, FL 32095

\_\_\_\_\_  
City/State and Zip Code

paula@paulamillerjax.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Miller

904

891-6133

\_\_\_\_\_  
at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

CASTILLO REAL ESTATE JAX, LLC

2022 SEP 26 AM 10:46

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/13/2022 and assigned  
Florida document number 1.22000400431

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6518 Sherry Lane

**(Principal office address MUST BE A STREET ADDRESS)**

Saint Augustine, FL 32095

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:

Paula Silven Miller

New Registered Office Address:

6518 Sherry Lane

*Enter Florida street address*

Saint Augustine

Florida

32095

*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 Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Paula Silver Miller  
Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**