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2022 OCT 20 MHII: 37 SECRETARY OF STATE TALLAHASSE STATE

COVER LETTER

	istration Section sion of Corporations		•	
empirer.	Castillo Management LLC			
SUBJECT:		Name of Limited Liability Company		
The enclosed	Articles of Amendment and	ee(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to the following:		
	Casterne Cast	j illo		
		Name of Person		
	Castillo Mana	gement LLC		
		Firm/Company		
	6911 SW 7th	Place		
		Address		
	North Lauder	dale, Fl 33068	2	
	kcastillo1097@	City/State and Zip Code gmail.com	2022 OCT 20 SECRETARY TALL/HY	
	E-	nail address: (to be used for future annual report notification)	12 2 L	CONTROL REALIZATION
For further in	formation concerning this ma	ter, please call:		1. <u>1. 1. 1.</u> 1
Casterine Ca	stillo	305 924-6373 at ()	AHII: 37	
	Name of Person	Area Code Daytime Telephone Number	37 	
Enclosed is a	check for the following amou	nt:		
■ \$25.00 F	iling Fee ☐ \$30.00 Fili Certificate	of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &	
Reg Div P.C	ling Address: gistration Section gision of Corporations Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 8 Tallahassee, FL 32303	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castillo Management LLC	
(Name of the Limited Liability Co.	mpany as it now appears on our records.)
(A Florida Limit	ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/10/2022 and assigned
Florida document number L22000437872	
This amendment is submitted to amend the following:	
A. If amending name, enter the new hame of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2022 SEC
(Principal office address MUST BE A STREET ADDRESS	\$ 55 mm
	AD N
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the name of the new registerec</u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	City Zip Code
 New Registered Agent's Signature, if changing Registered Age	ent:
hereby accept the appointment as registered agent and corovisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

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
MGR	Casterine Castillo	6911 SW 7TH PLACE, NORTH	I LAUDERDALE, FL ■Add
		-	□ Remove
			Change
			□Add
			Remove
		···-	☐ Change
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			27 OF S AHARS SEE. FI
			☐ 37 — □ □ Add
			Remove
			DChange
			□Add
		<u> </u>	□Remove
			□ Change
			□Add
		-	□Remove

D. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
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	2022 OCT SEGRET TALL/	
	OCT RETAILL/	n
	NRY Has	E-T-T-SE
	SET AH	
	MH II: 37 OF STATE SEE, FL	(C)
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	te of filing:	207 (3)(b) as the
If the record specifies a delayed effective darecord is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated Octobeer 15th	2022	
Sig	nature of a member or authorized representative of a member	
Casterine Castillo		
	Typed or printed name of signee	

Filing Fee: \$25.00