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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CCT:	(astaway Name of Limi	Properties, LLC ited Liability Company	_
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Frances	Name of Person	_
		Castaway	Properties LLC Firm/Company	
		431 Mi	OVALC TEL	· >
		Sebastia	n FL 37958	
		(astqwo E-mail address: (i	City/State and Zip Code City/State and Zip Code City/State and Zip Code Company (Cnfal 1. 6 yahoo. com) to be used for future annual report notification)	
For fur	ther information co	ncerning this matter, please ca		, (7
`	FGACES Name of	Mister Person	at (772) 646 - 183 Area Code Daytime Telephone Num	
Enclose	ed is a check for th	e following amount:		
□2 \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee. ficate of Status & fied Copy onal copy is enclosed)
	Mailing Address Registration S Division of Co	ection	Street Address: Registration Section Division of Corporations	

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

Castaway	Properties LLC	
(Name of the Limited Liabil (A Flord	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability $\frac{1}{2}$	Company were filed on $\frac{12/05/2022}{556}$ and assigned	cd
This amendment is submitted to amend the following:		L.C."
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	•
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
	<u> </u>	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new re</u> :	gistered
Name of New Registered Agent:		
New Registered Office Address:		
7	Enter Florida street address	
	, Florida	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mister Kris K	431 Miduale Ter	□Add
		Seb Astian FC 32958	□Remove
		431 Miduale Ter	□Change
M6R	Mister Frances D	431 Miduale Ter Sebastian, FL 32958	
			Remove
			Change
			☐ Add
			□'Àdd
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			🗆 Remove
			Change

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	•
	
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e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be preceded the date inserted in this block does not meet the appet's effective date on the Department of State's recor	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605. Slicable statutory filing requirements, this date will not be liste
rd specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
12/16 . 202	<u>z</u> .
•	
Laure 1	Libertized representative of a member

Filing Fee: \$25.00