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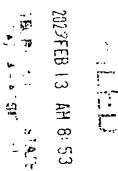
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations	•	·		***	
Castle Cree SUBJEGT:	ek LLC	•				
SUBJEMI:	Name of Lir	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Maria Monica Fernandez	Stearns				
		Name of Person	· .	-		
		Firm/Company				
	10918 Rockledge View D	• ,		√ %	21	
		Address	,,	ু নুগ •)2 <i>3</i> FI	
	Riverview, FL 33579		;		202 <i>3</i> FEB 3	ĩ
	monicafs25@gmail.com	City/State and Zip Code	ç	<u>.</u>	ĀH	
For further information o	E-mail address: oncerning this matter, please o	(to be used for future annual report notif	cation)	, i A	8: 53	اور و ما ا
Maria Monica Fernandez		813 464-9288		•		
Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional)	te of St Copy	atus &	
Mailing Addres Registration S		Street Address:	tion			
Division of C	orporations	Registration Sec Division of Corp				
P.O. Box 632	7	The Centre of Ta	ıllahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle Creek LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 1st. 2023 and assigned Florida document number L22000526657 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ∞ വ 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: New Registered Office Address: Enter Florida street address

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

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	Maria Monica Fernandez Stearns	10918 Rockledge View Drive	≡ Add
		Riverview, FL 33579	□Remove
			□ Change
MGR	Castle Creek LLC (WY)	75 E. 3rd Street	□Add
		Sheridan, WY 82801	Remove
			☐ Change
			A S □ Change
			□Add
			□Remove
			☐ Change
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ective date, if other than the da	02/06/2023		(optional)	
effective date is listed, the date must bee: If the date inserted in this block	e specific and cannot be prior to		90 days after filing	.) Pursuant to 605.02
ument's effective date on the Department				
cord specifies a delayed effective d filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the c	earlier of: (b) Th	ne 90th day after th
ed February 6th	2023	_•		
Carl mas	gnature of a member or author			

Typed or printed name of signee