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(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 19 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kristin A Kalley, CPA LLC

\_\_\_\_\_  
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:

Kristin A Castello

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

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

544 St. Dunstan Way

\_\_\_\_\_  
Address

Winter Park, FL 32792

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

kristincastello@gmail.com

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

For further information concerning this matter, please call:

Kristin A Castello

407 920-2167

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

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**

KRISTIN A KALLEY, CPA 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 01/18/2023 and assigned  
Florida document number 123000032448.

This amendment is submitted to amend the following:

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

Kristin A Castello, CPA LLC

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)**

544 St. Dunstan Way

Winter Park, FL 32792

**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:

Kristin A Castello

New Registered Office Address:

544 St. Dunstan Way

*Enter Florida street address*

Winter Park

Florida 32792

*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.*

*Kristin Castello*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[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.

Kristin Castello

Kristin A Castello

Typed or printed name of signee

**Filing Fee: \$25.00**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

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Name of Person

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

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\_\_\_\_\_  
Address

Winter Park, FL 32792

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

kristincastello@gmail.com

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

For further information concerning this matter, please call:

Kristin A Castello

407 920-2167  
at ( )

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

Area Code

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P.O. Box 6327  
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**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**

23 DEC 22 PM 3:10  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF FLORIDA

KRISTIN A KALLEY, CPA LLC

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

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This amendment is submitted to amend the following:

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

Kristin A Castello, CPA LLC

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

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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Winter Park, FL 32792

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Kristin A Castello

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*Enter Florida street address*

Winter Park

, Florida 32792

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*Kristin Castello*

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Kristin Castello

Kristin A Castello

**Filing Fee: \$25.00**