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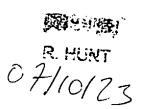
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TO PH 1:46



COVER LETTER

TO:

Registration Section 4

Division of Cor	porations	-	• •	
SUBJECT:	cala Castel	lanos, Augusto ited Liability Company	LLC	
T				
The enclosed Articles of	Amendment and fee(s) are sub-	nutted for tiling.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u> </u>	Name of Person	la	
	Alcala	Name of Person Castellanos, Aug Firm/Company	usto LLC	
	15243	Lake Lamonia	5+	
	Winter	Firm/Company Lake Lamonia Address Carden [FLocida] City/State and Zip Code Cala@amail- (Cala@amail- (Cal	34787250 888	· ·
	Ga R. mail address: (1	lcala@gmail.() XV	ĺ.
For further information c	oncerning this matter, please ca	ali:	FL TATE	
Augus		ai (305) 9 0 3°	9577	
Nærhe o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	nc following amount:			
义\$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 Statu Certified Copy (additional copy is encl	
Mailing Address Registration S	Section	Street Address: Registration Sect		
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta		
Tallahassee, I		2415 N. Monroe		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUGUSTO ALCIALA			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	(as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company w Florida document number	rere filed on Morel 3, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
ALCALA CLASTELLANOS AUGUSTO LLC The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		~.)	
(Principal office address MUST BE A STREET ADDRESS)		(A) (A) (A) (A)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THASSEE, FL	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid	a Zin Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and 1- ovided for in Chapter 605, F.S.	am familiar with and 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
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			☐ □ Change
			PAdd →
			SSET STATE Change
			□ Remove
			□Change
			□Add
			Петюve
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ective date, if other than the date of filing:		(optional)		
effective date is listed, the date must be specific and cannot be prior to date of fi		days after filing.) Pu		
e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	ory filing requirem	ents, this date wil	I not be	2 fisted a
·				
cord specifies a delayed effective date, but not an effective time, at 12:)1 a.m. on the earl	ier of: (b) The 90)th day	after the
s filed.			•	
ed JULY 3el 2023				
xd JULY 3rd 2023				
ed JULY 3 rd Signature of a greatber or authorized repre	contativo of a mumb			_