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| PICK-UP | ☐ WAIT | MAIL |
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| (Bi | usiness Entity Name) | |
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| Certified Copies | Centificates of | Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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TALLAHOSSEE, FL

COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|-----------------|--------------------------|---|
| CASTLE I. | ANDS INVESTMENTS LLC | | | | |
| SCOJECT. | Name of Lin | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are suf | mitted for filing. | | | |
| Please return all correspo | indence concerning this matter | to the following: | | | |
| | ADRIANA DIAZ | | | | |
| | | Name of Person | | <u> </u> | |
| | STAR TAXES INC | | | | |
| | | Firm Company | | | |
| | 13088 SW 132ND CT | | | 2023 OCT - SECRETA! | |
| | | Address | , | | |
| | MIAMI, FL 33186 | | | \sim \lesssim \sim | : |
| | | City State and Zip Code | | M 9 57 | |
| | ADRIANA a STARTANE | SINC.COM to be used for future annual report notific | cation) | # 52 | |
| For further information of | oncerning this matter, please c | | | en 10 | |
| YRWUIN SANTELIZ | | 786 879-5022 | | | |
| Name o | l'Person | at () .Area Code Daytime | Lelephone Numbe | er | |
| 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 radditional copy is enclosed: | Certifie | rate of Status & | |
| | ING ADDRESS: ation Section | STREET/COURIE Registration Section | | | |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CASTLE LANDS INVESTMENT | | | | |
|--|---|---|------------------|-----------------|
| (<u>Name of</u> the Limi | ted Liability Company (A Florida Limited Lia | as it now appears on our recorbility Company) | <u>ds.</u>) | |
| The Articles of Organization for this Limited L Florida document number 1.23000113954 | | ere tiled on 03 03 2023 | | and assigned |
| This amendment is submitted to amend the foll | lowing: | | | |
| A. If amending name, enter the new name of | t the limited liabili | ty company here: | | |
| Enter new principal offices address, if applie | rable: | Company," the designation "LL | C" or the abbrev | iation "L.L.C." |
| Principal office address MUST BE A STREE | <u>: L.ADDRESS)</u> | | | 2 |
| Enter new mailing address, if applicable: | | | ECRE I | 130 E [] ; ; [|
| Mailing address MAY BE A POST OFFICE BOX) | | | | 6 . |
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| | | | गुणिहरू स्थाप | ٠٠٠ <u>۴</u> |
| B. If amending the registered agent and registered agent and/or the new registered or | /or registered offi ffice address here: | ce address on our record | ds. enter the | Bame of the ne |
| ··- | | | | |
| Name of New Registered Agent: | YRWUIN SANT | ELIZ | | |
| New Registered Office Address: | 24848 SW 114TE | LAVE | | |
| | | Enter Florida street addr | 255 | |
| | HOMESTEAD | F | lorida 33032 | |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 |
|--------------|--------------------|--------------------|----------------|
| MGRM | PAOLA C SANTELIZ C | 24828 SW 114TH AVE | Add |
| | | HOMESTEAD FL | □ Remove |
| | | 33032 | Change |
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| | (10 | 29 2023 | | | | | |
| Tective date, if other than the in effective date is listed, the date must | date of filing: | | of filing or more | option (option | | usuunt to 6 | 05.0200 |
| ote: If the date inserted in this blo beament's effective date on the De | ock does not meet th | ie applicable s | atutory filing re | quirements, this d | ate wil | I not be li | sted as |
| realised of the De | parement of state's | records. | | | | | |
| e record specifies a delayed | effective date, | but not an | effective time | e, at 12:01 a.r | n. on | the ear | lier o |
| The 90th day after the reco | ord is filed. | | | | | | |
| ated September 29 | 202 | 23 | | | | | |
| The state of the s | | | | | | | |

Page 3 of 3

Lyped or printed name of signee

Filing Fee: \$25.00