Division of Corporations

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To:		1023
	Division of Corporations	ر. س
	Fax Number : (850)617-6383	,
From:		1
	Account Name : CAMACHO & ASSOCIATES LLC	**
	Account Number : 120220000154	:
	Phone : (323)453-5446	S
	Fax Number : (407)350-5660	 .=>
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CCASTELL. WZ & CALLIE. WON.

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Corporate Filing Menu

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COVER LETTER

TO: Regi Divi	stration Section sion of Corporations			
SUBJECT:	CASTELL SOLUTIONS L	LC		
		Name of Limited Liability	Company	
The enclosed	Articles of Amendment and	fee(s) are submitted for fil	·	
	ll correspondence concerni			
	•	and matter to the 10110W	mß:	
	CESAR E. C	ASTELLANO CALDERA		
		Name	f Person	
	CASTELL S	OLUTIONS LLC		
		Firm/C	отрапу	
	4741 LUMIN	OUS LOOP # 302		
		Add	ress	
	KISSIMMEE	. FL 34746		
	CASTELL	City/State ar	d Zip Code	
		UZ@GMAIL.COM	ture annual renort notifica	21100)
For further info	mation concerning this ma		Topon nonne	2110(1)
	TELLANO CALDERA	68: at (
Name of Person		· · · · · · · · · · · · · · · · · · ·	 /	elephone Number
Enclosed is a ch	eck for the following amou	nt:		
≡ \$25.00 Filin	g Fee	of Status Certifie	iling Fce & d Copy d copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe Street Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTELL SOLUTIONS LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>s.</u>)
Florida document number L23000279652		and assigned
This amendment is submitted to amend the following	 :	
A. If amending name, enter the new name of the li	mited liability company here:	2023
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 1.23000279652 Ida document number 1.23000279652 If amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS; If new mailing address, if applicable: Illing address MAY BE A POST OFFICE BOX) The address MAY BE A POST OFFICE BOX)	*	
Enter new principal offices address, if applicable:	——————————————————————————————————————	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADI	QRESS)	
		0
		G G
Enter new mailing address, if applicable:		·-
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter t</u> i	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Fiorida street address	
	Flor	ida
	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 heing 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>	Name	Address	Type of Action
AMBR	Castellano Nunez, Maria E.,	1775 COPINGER TERRACE	
		KISSIMMEE, FL 34744	
			Change
			DAdd
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
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ffective date, an effective date fote: If the date ocument's effe	if other than the is listed, the date mus e inserted in this bl ctive date on the De	date of filing at be specific and ock does not m epartment of Si	: 07/01/202 cannot be prior eet the applicate's records.	to date of fili	ng or more than ry filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant to 6 ate will not be li	05.0207 sted as
record specified is filed.	s a delayed effectiv	e date, hut not c	ın effective ti	me, at 12:01	l a.m. on the ea	urlier of: (b)	The 90th day at	ier the
_		JULY I	2023	. _ ·				
ated		^						
-	FSAR T	Signature of a mo	FULL	୨୧୨				

Filing Fee: \$25.00