L24000179063

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COVER LETTER

	tegistration Sec Division of Corp				
041040		nen & Bath LLC			
SUBJECT	l:	Name of Limite	ed Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are subm	itted for filing.		
Please reti	um all correspon	dence concerning this matter to	the following:		
		Matthew Castagna			
			Name of Person		
		Castags Kitchen & Bath LL0	C		
			Firm/Company		
		3008 Knollwood Circle			•
			Address		•
		Orlando FL 32804			-
			City/State and Zip Code		: .
		castags@icloud.com		·	. IS
		E-mail address: (to	be used for future annual report notificati	ion)	, S
For further	r information co	ncerning this matter, please cal	1:		
Mat	Name of	Person S	at (<u>\$60</u>) <u>745 144</u> Area Code Daytime Te	'Z lephone Number	
Enclosed	is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

Castags Kitchen & Bath "LLC"		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on April 16, 2024	and assigned
lorida document number L24000179063		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
Castags Kitchen & Bath LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		::
		•••
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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.

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
MGR	Matthew Castagna	933 Red Fox Road	≅Add
		Altamonte Springs FL 32714	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			;
			□Change
			
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			∏ Change

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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutoryment's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.020
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after the
1 May 7 , 2024	

Typed or printed name of signee