L24000337246

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	#)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Castro Pool	s LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Francisco Castro		
		Name of Person	
	Castro Pools LLC		
		Firm/Company	
	107 N roger Ave		
		Address	
	Arcadia Fl. 34266		
	castropools1992@gmail.co	City/State and Zip Code	
	· –	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Francisco Castro		863 244-7310 at (
Name o	f Person	Area Code Daytin	ne Telephone Number
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 (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Castro Pools LLC

2024 OCT 17 PM 12: 47

(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 $\frac{7/31/2024}{1}$ Florida document number 1.24000337246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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	Dezieray Castro	107 N Roger Ave	□Add
		Arcadia Fl. 34266	= Remove
			□Change
MGR	Herculano Castro	430 N Volusia Ave	□Add
		Arcadia Fl. 34266	■Remove
			□Add
			□Change
			□Add
			□Remove
			□Add
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ote: If the date inser	ted in this block does	not meet the applic	able statutory filin	ore than 90 days after t g requirements, this	iling.) Pursuant to 605.020 date will not be listed as
ocument's effective of	ate on the Departmen	t of State's records			
	ayed effective date, bu	it not an effective t	ime, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
record specifies a del Lis filed.					
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