

MIS 000008403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

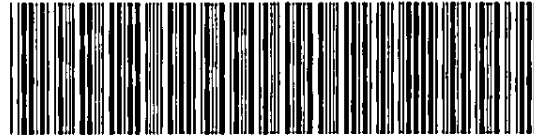
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800348994608

RECEIVED

JUL 27 2020

07/28/20--01003--020 \*\*25.00

FILED

2020 NOV -3 AM 8:50

CLERK OF COURT  
JULY 28 2020

NOV 04 2020

S. YOUNG



2020 SEP 17 PM 2:16

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2020

FRANK MCPHILLIPS  
PO BOX 143406  
CORAL GABLES, FL 33114

SUBJECT: CASTELLO MANAGEMENT LLC  
Ref. Number: M18000008403

We have received your document for CASTELLO MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA, but your entity is a FOREIGN. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 820A00017750

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASTELLO MANAGEMENT LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank McPhillips

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO Box 143406

\_\_\_\_\_  
Address

Coral Gables, Florida 33114

\_\_\_\_\_  
City/State and Zip Code

Frank@flmlawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: CASTELLO MANAGEMENT LLC

Enter new principal office address, if applicable: 1126 S Federal Hwy; Unit 164

(Principal office address

MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33316

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1126 S Federal Hwy; Unit 164

Fort Lauderdale, FL 33316

2. The Florida document number of this limited liability company is: M18000008403

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 09/13/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **Florida**

\_\_\_\_\_, *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.*

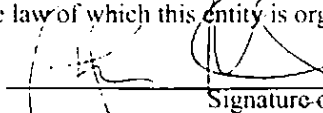
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Albert Day	1126 S Federal Hwy, Unit 164 Ft. Lauderdale, FL 33316	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Albert Day	615 Lido Dr., Ft. Lauderdale, FL 33301	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Frank McPhillips, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**