

P16000007898

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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2016 APR -7 PM 2:34  
REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

Amend

APR 07 2016

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CASTELLANOS MONSALVE CORP

**DOCUMENT NUMBER:** P16000007898

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINIRD CASTELLANOS

Name of Contact Person

REGISTERED AGENT

Firm/ Company

9335 SW 77 AVE APT 260

Address

MIAMI FL 33156

City/ State and Zip Code

taxbysanchez@gmail.com

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

For further information concerning this matter, please call:

LINIRD CASTELLANOS

at ( 305 )

3628750

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2016

LINIRD CASTELLANOS  
9335 SW 77 AVE  
APT. 260  
MIAMI, FL 33156

SUBJECT: CASTELLANOS MONSALVE CORP  
Ref. Number: P16000007898

We have received your document for CASTELLANOS MONSALVE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please verify whether or not you wish to change the corporate name, if not remove the name from part (A) of the form.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 116A00003107

RECEIVED  
16 APR - 7 PM 12:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

CASTELLANOS MONSALVE CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000007898

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

~~CASTELLANOS MONSALVE CORP~~

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

9335 SW 77 AVE APT 260

MIAMI FL 33156

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

9335 SW 77 AVE APT 260

MIAMI FL 33156

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

CASTELLANOS LINIRD

9335 SW 77 AVE APT 260

(Florida street address)

New Registered Office Address:

MIAMI


(City)

, Florida 33156

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

x 

Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT      John Doe

X Remove                     V       Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>LINIRD CASTELLANOS</u>	<u>9335 SW 77 AVE APT 260</u>
<u>      </u> Add			<u>MIAMI FL 33156</u>
<u>      </u> Remove			
2) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			
3) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			
4) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			
<u>      </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

ART. VII. Title P. LINIRD CASTELLANOS. P

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N.A.

The date of each amendment(s) adoption: 1/22/2016, if other than the date this document was signed.

Effective date if applicable: 1/22/2016  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

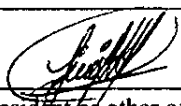
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by 100  
(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/22/2016

Signature

  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LINIRD CASTELLANOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)