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## COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: at (<u>J39</u>) <u>298 6881</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filling Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

	Articles of Incorporati	ion
·	of	
Castlex	TAC.	2024 JUL 27 FM.
(Name of Corporati	ion as currently filed wi	ith the Florida Dept. of State)
P 17	0 000 183	579
(Docu	nent Number of Corpora	tion (if known)
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this <i>Florida F</i>	Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbro	" or "Co". A projess	"or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>		
	<del></del>	<u></u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registe		lorida, enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street addres	(4)
New Registered Office Address:		Florida
No Megiarrea Vyjiev Haaresa.	ıCityi	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and a	accept the obligations of the position.
Sion	ature of New Registered	(Acont if chanoing
Sign	аши ід лен педіменси	agent, ij enanging

Check if applicable  $\square$  The amendment(s) is/are being filed pursuant to s. 607.0126 (11) (e), F.S.

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 I	θου	
X Remove	<u>V</u> <u>Mike J</u>	lones	
<u>X</u> Add	<u>SV</u> <u>Sally S</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T	Variel Campa Martin	Naples, FL 34116.
Add		/ /	Naples, FL 34116.
X Remove	n 1.	_	
2) Change	Executive Manager	Diomar Hernandez Arteaga	1795 55th TERSOU Alarbos Fr 34116 Apr
Add	Manager	Arthaga	Naples, Fr 34116 AP
Remove Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Articles, if necessary).	(Be specific)			
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		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirement f State's records.	nts, this date will not be listed as the
<del></del>	IECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the approval.	mendment(s)
	e shareholders through voting groups. The follow group entitled to vote separately on the amendme	
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by		
(vot	ing group)	
Signature (By a director, presselected, by an incoappointed fiduciary)	ident or other officer – if directors or officers have orporator – if in the hands of a receiver, trustee, or by that fiduciary)	e not been other court
	(Ex Martines bey (Typed or printed name of person (Igning)	
	P	
·	Title of person signing)	