

# L23000053023

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

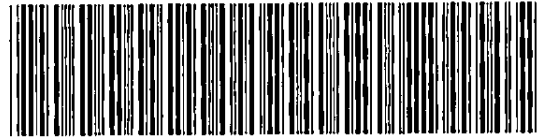
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500405225545

03/27/23--01024--015 \*\*25.00

2023 MAR 27 AM 11:48  
STATE OF FLORIDA  
TALLAHASSEE, FL

**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 417 CASTLE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Tarich  
Name of Person  
The Tarich Law Firm P.A.  
Firm/Company  
1946 Tyler Street  
Address  
Hollywood, Florida 33020  
City/State and Zip Code  
jamie@tarichlaw.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
2023 MAR 27 AM 11:48  
CLERK OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jamie Tarich at (305) 503-5096  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

417 CASTLE LLC

(Name of the Limited Liability Company as it now appears on our records,)  
(A Florida Limited Liability Company)

2023 MAR 27 AM 11:48  
STATE OF FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 02/03/2023 and assigned  
Florida document number 123000053023

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 "L.L.C."

**Enter new principal offices address, if applicable:**

5014 16th Avenue, Suite 397

**(Principal office address MUST BE A STREET ADDRESS)**

Brooklyn, NY 11204

**Enter new mailing address, if applicable:**

5014 16th Avenue, Suite 397

**(Mailing address MAY BE A POST OFFICE BOX)**

Brooklyn, NY 11204

**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*

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

*Moshe Spira*

\_\_\_\_\_  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pinchus Schwartz	19790 W DIXIE HWY, SUITE 1007	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Moshe Spira	5014 16th Avenue, Suite 397	<input checked="" type="checkbox"/> Add
		Brooklyn, NY 11204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2023 MAR 27 PM 11:48  
 STATE  
 FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: ~~XXXXXX~~ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 9, 2023

Moshe Spira

Signature of a member or authorized representative of a member

Moshe Spira, Member

Typed or printed name of signer

FILED 2023 MAR 27 AM 11:48 STATE DEPT. OF STATE TALLAHASSEE, FL