# 11400077794

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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE VLLAHASSEE, FLORIDA



## **COVER LETTER**

то:	Registration Sec Division of Corp				
	Calending,	LLC			
SUBJ	ECT:	Name of Limite	ed Liability Company	<del></del>	
			•		
The er	nclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Pleáse	return all correspo	ndence concerning this matter to	the following:		
		Michael Viera			
			Name of Person		
		Michael Viera, PA			
			Firm/Company		
		4770 Biscayne Blvd. Suite 9	000		
		<del>- ·</del>	Address		
		Miami, FL 33137			
			City/State and Zip Code		
		mike@mv-law.net			2015
		E-mail address: (to	be used for future annual report notification	tion) AH	5 AUG
For fu	rther information co	oncerning this matter, please cal	l:	ASS ASS	0
Micha	ael Viera		786 200-4705 at ( )	() () () ()	P I
	Name of	f Person	Area Code Daytime T	elephone Number	H: 54
Enclos	sed is a check for th	ne following amount:			
<b>=</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing  Certificate of  Certified Contain (additional coperation)	of Status &

### MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calending, LLC (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 \_\_\_\_\_ and assigned Florida document number L14000077794 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: (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.

Cirv

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

A	MBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Curly The Stooge, LLC	4770 Biscayne Blvd. Suite 900	□ Add
•		Miami, FL 33137	<b>■</b> Remove
			☐ Change
MGR	Michael Viera	4770 Biscayne Blvd. Suite 900	<b>A</b> dd
		Miami, FL 33137	☐ Remove
			Change
		<del></del>	Add
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effective date is listed, the date m	nust be specific and cannot b			days after f	iling.) Pı	
ment's effective date on the				-		
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August 2	2015 مريد	_				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00