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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	_	
	Nicole Paschal	Name of Person	
	Calafia Press, LLC	7/	
		Firm/Company	
	3464 Raymur Villa Dr.		
		Address	
	Jacksonville. Fl. 32277		
	10150	City/State and Zip Code	,
	pasch2179@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	·	
Nicole Paschal		at (813) 4159601	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☐ S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calafia Press, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2024 DEC -3. PM 3: 35

The Articles of Organization for this Limited Liability Company were filed on 8/23/2018_1/4... OF STATE and assigned TALLAHASSEE. FL

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Calafia Investments, LLC

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 BON)

7643 Gate Pkwy Ste 104-9156

Jacksonville, FL 32256

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:	N/A		
New Registered Office Address:	7643 Gate Pkwy Ste 104-915	56	
	Enter Florida street address		
	Jacksonville	, Florida 32256	
	City	Zin 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 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>	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			□Add
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ffective	e date, if other than the date of filing: 12/1/2024 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursi	vant to 605 0207
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will reach the date on the Department of State's records.	
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d.	h day after the
ated N	Sovember 30	
	Nicole Paschal	
	Signature of a member or authorized representative of a member	
	Nicole Paschal	

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