

L220000083057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

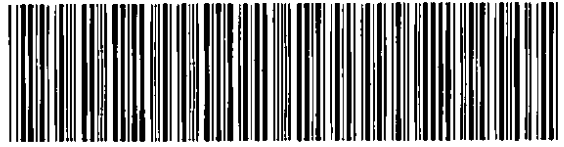
(Business Entity Name)

(Document Number)

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

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2022 APR -1 AM 9:15  
OFFICE OF STATE  
COMMISSIONER, FL

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2022 APR -1 PM 1:50

ACE  
Amend

APR 04 2022  
1 ALBERTON

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724**

**Date:** 04/01/2022

Acc#120160000072

*eric DW*

Name:	McCallum Group Enterprises, LLC
Document #:	
Order #:	14248983

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

**Thank you!**

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** McCallum Group Enterprises, 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:

Omene Addeh  
Name of Person  
King & Spalding LLP  
Firm/Company  
1180 Peachtree St NE, Suite 1600  
Address  
Atlanta, GA 30309  
City/State and Zip Code  
oaddeh@kslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omene Addeh at ( 404 ) 572-3121  
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**

McCallum Group Enterprises, 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 02/25/2022 and assigned Florida document number L22000083057.

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)

**FILED**  
2022 APR - 1 AM 9:15  
CLERK OF STATE  
TALLAHASSEE, FL

**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:**

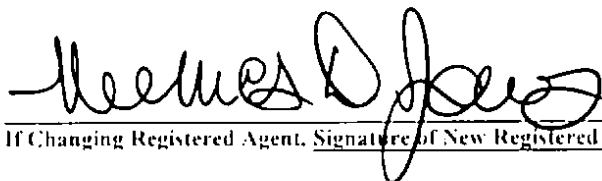
Name of New Registered Agent: Thomas D. Jowers

New Registered Office Address: 11471 N. US HWY 301, 114  
*Enter Florida street address*

THONOTOSASSA, Florida 33592  
*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.*



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	Charles K. McCallum	11471 N. US HWY 301, 114	<input type="checkbox"/> Add
		THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark E. McCallum	2475 SW 32ND AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Benko	11471 N. US HWY 301, 114	<input checked="" type="checkbox"/> Add
		THONOTOSASSA, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randy Edmonds	11471 N. US HWY 301, 114	<input checked="" type="checkbox"/> Add
		THONOTOSASSA, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Thomas Connolly, III	11471 N. US HWY 301, 114	<input checked="" type="checkbox"/> Add
		THONOTOSASSA, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert William Chambers, III	11471 N. US HWY 301, 114	<input checked="" type="checkbox"/> Add
		THONOTOSASSA, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

