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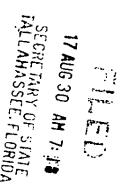
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Na	me)
·		
(L.	Occument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

то:	Registration Se Division of Cor			
enoi		Group LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The c	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Gerry Valdes-Sanchez C	PA	
			Name of Person	
		Hyde Park Accountants I	PA	
			Firm/Company	
		2901 W Busch Blvd Unit	1 805	
			Address	·
		Tampa, FL 33618		
			City/State and Zip Code	
		gerry@hydeparkaccounts	ants.com to be used for future annual report notifi	
			·	cation)
For fu	irther information o	oncerning this matter, please of	all:	
Gerr	ry Valdes-Sanchez (CPA	813 259-4529	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo:	sed is a check for th	ne following amount:		
■ \$3	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Callaloo Group LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
Florida document numberL17000176187		
This amendment is submitted to amend the following	ā.	
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 AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u> _	
B. If amending the registered agent and/or re registered agent and/or the new registered office :		r the grame of the ne
		HAT G
Name of New Registered Agent:		SSS 30 THE
New Registered Office Address:		TO BE THE
	Enter Florida street address	107 118
_	Florida	
	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. Thereby 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>	Type of Action
AMBR	Vincent Jackson	642 22nd Street South	■ Add
		St. Petersburg, FL 33712	
			Change
AMBR	Mario Farias	642 22nd Street South	■ Add
		St. Petersburg, FL 33712	□ Remove
			Change
			
			□ Remove
		41-0950	Change
			D Add
			Change
			☐ Remove
			Change
			Add
			Remove
			□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00