

LD5000072461

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Phone : (702)866-2500
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CALHOUN INTERNATIONAL, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: CALHOUN INTERNATIONAL, 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:

Jackie DeFilippis

Name of Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

Documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie DeFilippis

800-246-2677

at

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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CALHOUN INTERNATIONAL, 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 07/22/2005 and assigned Florida document number L05000072461.

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:

22365 Broderick Drive, Suite 400

(Principal office address MUST BE A STREET ADDRESS)

Sterling, VA 20166

Enter new mailing address, if applicable:

22365 Broderick Drive, Suite 400

(Mailing address MAY BE A POST OFFICE BOX)

Sterling, VA 20166

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:

InCorp Services, Inc.

New Registered Office Address:

3458 Lakeshore Drive

Enter Florida street address

Tallahassee

Florida 32312

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.

Jackie DeFilippis
If Changing Registered Agent, Signature of New Registered Agent

Jackie DeFilippis on behalf of InCorp Services, Inc.

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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	Roger A. Swinford	3417 W Lemon St	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Core One Group Inc.	22365 Broderick Drive, Suite 400	<input checked="" type="checkbox"/> Add
		Sterling, VA 20166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Koo	22365 Broderick Drive, Suite 400	<input checked="" type="checkbox"/> Add
		Sterling, VA 20166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patrick Moniz	22365 Broderick Drive, Suite 400	<input checked="" type="checkbox"/> Add
		Sterling, VA 20166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Kuhlmann	22365 Broderick Drive, Suite 400	<input checked="" type="checkbox"/> Add
		Sterling, VA 20166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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


E. Effective date, if other than the date of filing: _____ (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 December 10, 2024



Signature of a member or authorized representative of a member

Joseph Kuhlmann

Typed or printed name of signee