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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
CUD ICCC.	The Law Offices of Calandra and Imman, PL Name of Limited Liability Company				
SUBJECT:					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Charles S Calandra			
			Name of Person		
		The Law Offices of Caland	dra and Inman. PL		
		· · · · · ·	Firm Company	 	
		2605 N Howard Ave			
			Address		
		Tampa, FL 33607			
			City/State and Zip Code		
		cscesqlaw@gmail.com			
		E-mail address: (to be used for future annual report no	tification)	
For further in	ntormation c	oncerning this matter, please c	ali.		
Charles S Ca	ilandra		813 3405247 at () Area Code Daytii		
	Name o	î Person	Area Code Daytii	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
≣ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)	
	iling Addres		Street Address: Registration Se	ection	
Div	ision of C	orporations	Division of Corporations		
P.O. Box 6327		:7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law Offices of Calandra and		rs on our records)
(Statut of the Esta	nited Liability Company as it now appea (A Florida Limited Liability Company)	
The Articles of Organization for this Limited		/27/2005 and assigned
Florida document number L05000122301		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	: 	: 2
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
		,
B. If amending the registered agent and/or		ecords, enter the name of the new regis
agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:	Charles S Calandra	
New Registered Office Address:	2605 N Howard Ave	
- regimered Syntes (tdd.c.m.	Enter Flo	rida street address
	Tampa	Florida 33607
		Zin Coda

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>	Address	Type of Action
			
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			□Change
			\(\tag{\text{ZAdd}}\)
			
			□Change
			
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an e∏ <u>ote:</u>	ve date, if other than the date of filing:
recor l is fil	d 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 ed.
ated .	November 8 2024
	Signature of a member or authorized representative of a member
	ingratury of a method of aumorized representative of a member

Filing Fee: \$25.00