

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN	
	PICK U	JP: <u>7/10 Glinda</u>	-
	CERTIFIED COPY		
хх	РНОТОСОРУ		
	CUS		
ХX	FILING	AMEND	
	CALZADA I, LLC (CORPORATE NAME AND DOCUMEN	NT #)	
	(CORPORATE NAME AND DOCUMEN	NT #)	
	(CORPORATE NAME AND DOCUMEN	NT #)	
	(CORPORATE NAME AND DOCUMEN	NT #)	
	(CORPORATE NAME AND DOCUMEN	NT #)	
PECIA	(CORPORATE NAME AND DOCUMEN L INSTRUCTIONS:	NT #)	
			

COVER LETTER

	gistration Sec rision of Corp			
CUD IPCT.	CALZADA	I, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ROBERT SALTSMAN		
			Name of Person	
		ROBERT P. SALTSMAN	, P.A.	
			Finn/Company	
		P.O. BOX 2146		
			Address	
		Winter Park, Florida 3279	0	
			City/State and Zip Code	
		JUDY@SALTSMANPA.C E-mail address: (OM to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please c	all:	
ROBERT S	ALTSMAN		407 647-2899 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e 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)
Re Di ^s P.C	gistration S vision of Co D. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Second Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee E Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013, 110 77 9:34

CALZADA I, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our record Limited Liability Company)	(7.)
The Articles of Organization for this Limited Liability C Florida document number L07000104595	ompany were filed on 10/15/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	<u></u>	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ıs
		orida
	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 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>	Name	Address	Type of Action
MGR	JAMES D WARD	526 19TH STREET	
		SANTA MONICA, CA 90402	■ Remove
			□Change
MGR	SHL, INC.	222 S. Pennsylvania Avenue, Suite 200	= Add
		WINTER PARK, FL 32789	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
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rective date, if other than the defective date is listed, the date must tee: If the date inserted in this block cument's effective date on the Department of the date inserted in the Department of the date of the Department of the date of the Department of the date of th	ne specific and cannot be prior to each does not meet the applicable partment of State's records.	tate of filing or more than 90 days e statutory filing requirement	s, this date will not be listed as th
is filed.	,	,	(-)
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Do t	ignature of a member or authorize	ed representative of a member	
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