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(City/State/Zip/Phone #)

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2017 MAR 20 P 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S Warren  
MAR 22 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G. CALLAS HOLDINGS, 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:

GEORGE CALLAS

Name of Person

G. CALLAS HOLDINGS, LLC

Firm/Company

3720 N.E. 209 TERRACE

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

REYSKI 41 @ E-MAIL.COM

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

For further information concerning this matter, please call:

GEORGE CALLAS

Name of Person

at 305  
Area Code

932-7741  
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/COURIER ADDRESS:**

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

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

G. CALLAS HOLDINGS, 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 11/26/2007 and assigned  
Florida document number 26-1470839.

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)**

3720 N.E. 209 TERRACE

AVENTURA, FLORIDA 33180

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3720 N.E. 209 TERRACE

AVENTURA, FLORIDA 33180

**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:

GEORGE CALLAS

New Registered Office Address:

3720 N.E. 209 TERRACE

Enter Florida street address

AVENTURA

Florida 33180

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>
AMBR	CARMEN H. CALLAS	3720 N.E. 209 TERRACE	<input checked="" type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

*George Allen*  
Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**

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2017 MAR 20 P 4:58  
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TALLAHASSEE, FLORIDA