09/10/202 Division

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000218298 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN I

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333~6358

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALVERT RIDGE, LLC

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**EXAMINER** 

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Corporate Filing Menu

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H110002182983

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALVE (Name of the Limited Liability (A Florida L	RT RIDGE, LLC Company as it now appears imited Liability Company)	on our records.)					
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on	03/17/2008	and a	assigne	đ		
This amendment is submitted to amend the following:							
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here	<b>:</b>					
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compar	y," the designation "	LLC" or th	ie abbre	 viation		
Enter new principal offices address, if applicable:	18952 NORTI	18952 NORTH DALE MABRY HWY					
(Principal office address MUST BE A STREET ADDR	ESS) SUITE 102		<b>A</b>	第			
	LUTZ, FLORI	DA 33548	25	SE	-		
Enter new mailing address, if applicable:	18952 NORTI	H DALE MABRY	HAY	Р-6			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 102		- C. C.	72	_ <b>F</b> ⊃		
	LUTZ, FLORI	LUTZ, FLORIDA 33548 ₹					
			Drii ≫	20			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ur records, <u>enter</u>	the name	of the	e new		
Name of New Registered Agent: THE L	THE LAW OFFICES OF NICK SPRADLIN, PLLC						
New Registered Office Address: 18952							
	Enter Florida street address						
	LUTZ	, Florida	335				
	City		Zip Co	ode			
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	MARIANELLA LEON	12000 N. Dale Mabry HWY STE 110 SUITE 110 TAMPA, FLORIDA 33618	Add ☑ Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
<u> </u>			Add Rendere
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
			PATE SE
Dated	09/03 , 201	1	_
	Jan Star	zel.	
		IANELLA LEON	
	Typed or	printed name of signee	

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Filing Fee: \$25.00