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Office Use Only



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2009 FEB 19 AM 10: 19
SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE
FEB 2:0 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Callen Enterprises (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:	
Paulette Callendur (Name of Person) Spice and tea exchange (Firm/Company) 345 St. Armands Circle (Address) Sarasota, FL 34236 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Parlette Callender at (\$13) 477-8634 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	of sale \$ - Table
	a la s
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee: 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

Caller E	Enterprises	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability		2008 and assigned
Florida document number LO8000108928	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company bere:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Estance mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Induting data ess MATTED ATOOL OF THEE BOX		
		SSS SSS
B. If amending the registered agent and/or regi		rds, enter the name of the new
registered agent and/or the new registered office ad	<u>aress nere:</u>	F 37
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flori	da street address)
	. Florida	
	(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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u> **Name** <u>Address</u> **Type of Action** Paulette Calleder MGRM Remove Note - title changed from MGR to MARM ☐ Add Remove 🗖 Add □ Remove □ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

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Filing Fee: \$25.00