

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name ; EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

Pmail:	Address:	
a mari	ACCIDANT	

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CAL-COR, LLC Certificate of Status Certified Copy 03 Page Count Estimated Charge \$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

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https://efile.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP KIT

EXAMINER

412000125-062

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	CAL-COI tability Compan lorida Limited Li	R, LLC y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Lial Florida document number	bility Company			and assigned	
This amendment is submitted to amend the follow	ving;				
A. If amending name, enter the new name of t	<u>be limited lisbi</u>	lity company her	9 :		
		UTIONS LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ad Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical			kert		
(Principal office address MUST BE A STREET ADDRESS)				- 	٠ ١
Enter new mailing address, if applicable:		5590 NW 107	TH AVE # 1101		
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 3	3178		
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered off <u>ce address here</u>	fice address on o	our records, <u>enter t</u>	984 3 2	
Name of New Registered Agent:					
New Registered Office Address: 5590 NW 107 AVE # 1101 Enter Florida street address					
	•	DORAL City	, Florida	33178 Zip Code	
New Unristered Agent's Signature, if changing Re	:misterieri Abant:	•			

New Registered Agent's Signature, it changing temstered 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 filled 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, Stenature of New Resistered Agent

Page 1 of 2

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H12000125062

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:

Type of Action Title . Name. Address RICARDO CALVO MGR 10661 NORTH KENDALL DR # 100 □ Add MIAMI FL 33176 Remove ∏ Add ☑ Remove PATRICIA H SILVA 10681 NORTH KENDALL DR # 100 MGR MIAMI FL 33176 5590 NW 107 AVE # 1101 Z Add RICARDO CALVO MGR 🔲 Remove **DORAL FL 33178** PATRICIA H SILVA 5590 NW 107 AVE # 1101 MGR Remove DORAL_EL 33178 □Add ∏Remove Remove D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 3RD 2012 Dated Signature of a member or authorized representative of a member RICARDO CALVO Typed of printed name of signice Page 2 of 2

Filing Fee: \$25.00

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MGR = Manager

MGRM = Managing Membar