

L090000046797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

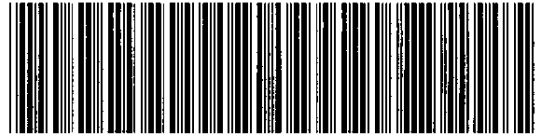
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Brien JUL 16 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALIENTA Properties 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:

ANDREA T. TULLO, ESQ.
Name of Person

TULLO LAW FIRM
Firm/Company

2202 N. Westshore Blvd. #200
Address

TAMPA, Florida 33607
City/State and Zip Code

atullo@tulloy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA TULLO, ESQ. at (813) 221-1122
Name of Person Area Code & 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

FILED

09 JUL 15 AM 10:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CALIENTA Properties 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 5/14/09 and assigned
Florida document number LO9000046797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

9660 Southern Belle Drive
Weeki Wachee, Florida 34613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

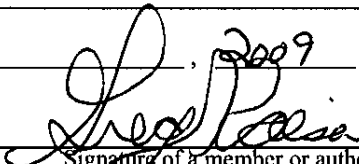
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	GREGORY KAISER	P.O. Box 20073 Bradenton, FL 34204	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RONALD HADANOWICZ	11650 CARP Circle South #105 Treasure Island, FL 33706	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHARON BRAY	9660 Southern Belle Drive Weeki Wachee, FL 34613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE FLORIDA

Dated July 12, 2009



 Signature of a member or authorized representative of a member

 Gregory KAISER

 Typed or printed name of signer