L10000131220

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(City/State/Zip/Phone #)
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TILEU II AUG 16 PM 3:09 SECRETARY OF STATE

COVER LETTER

Division of Co	orporations					
SUBJECT:	CALYPSO	PROPERTIES LLC	;			
SUBJECT.		ited Liability Company	· , ,			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
		AYSHE KADIR	,			
		Name of Person				
	CALYPSO PROPERTIES LLC					
		Firm/Company				
	4440 PGA BOULEVARD, SUITE 600					
		Address				
	PALM B	EACH GARDENS, FL	. 33410			
	City/State and Zip Code					
	INFO@A3ENTERPRISES.COM E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	cali:				
Α'	YSHE KADIR	at (561)	427 7246			
Name	of Person	Area Code &	Daytime Telephone Nur	nber		
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 en	Certi nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)		

TO:

Registration Section

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

FILED ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 11 AUG 16 PM 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CALYPSO 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 Liab	oility Company were filed on	12/27/2010	and assigned	
Florida document numberL100001312				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	Citv		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 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

Title	Name	Address	Type of Action
MGR	AYSHE KADIR	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410	Add Remove
	<u> </u>		Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			FILED 11 AUG 16 PH 3: SECRETARY OF STA TALLAHASSEE, FLOR
Dated	5TH AUGUST , 20	011	3: 05 TATE ORIDA
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	_	er or authorized representative of a member	
		AYSHE KADIR d or printed name of signee	
	-,	-	

Page 2 of 2

Filing Fee: \$25.00