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Office Use Only



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2 JAN 18 AM II: 44 ECRETARY OF STATE MILAHASSEF FLORID.

PAN 10 5015

COVER LETTER

TO: Regist Division	ration Section on of Corporations		*
SUBJECT:	CALIBRATED	CAPITAL MANAGEMENT	
		Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) a	re submitted for filing.	
Please return all	correspondence concerning this n	natter to the following:	
		KEN FINNEN	
•		Name of Person	
	CALIBI	RATED CAPITAL MANAGEMEN	۸T
		Firm/Company	
		71 PINE ST	
		Address	
		CHATHAM, NJ 07928	
		City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	(AFINNEN@YAHOO.COM	
		ess: (to be used for future annual report notifica	illon)
for higher infor	mation concerning this matter, ple	ase call;	
	KEN FINNEN		15-5451
Name of Person		Area Code & Daytime T	elephone Number
Enclosed is a che	eck for the following amount:		
√]\$2 5.00 Filing	Fee \$\bigsquare \\$30.00 \text{ Filing Fee & Certificate of State}	\$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:		STREET/COURIE	ANDRESS.

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: 12 JAN 18 AM II: 66

CALIBRATED CAPI	TAL MANAGE	MENT 1	ALLERA ARY DE CT.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	<u>s on our records.</u>)	ALLAMASSEE, FLORID
The Articles of Organization for this Limited Liability Compan Florida document numberL11000061511	y were filed on	0.000,0004.4	and assigned
Plotted document munder			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	uted Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ur records, <u>enter</u>	the name of the new
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	<u>:</u>		

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

<u>Title</u>	Name	Address	Type of Action
SEC	KIRK BRADACH	11129 LAKE BUTLER BLVD WINDERMERE FL 34786	Add Remove
SEC	KEN FINNEN	71 PINE ST CHATHAM NJ 07928	Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			-
			- -
Dated	10/151	authorized representative of a member	
_	KIR	K BRADACH	
	1 yped or	printed name of signee	

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Filing Fee: \$25.00