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COVER LETTER

TO:

Registration Section Division of Corporations

IID IECT:

Calibrated Capital Management

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:

Kirk Bradach

Name of Person

Calibrated Capital Management

Firm/Company

11129 Lake Butler Blvd

Address

Windermere FL 34786

City/State and Zip Code

tstation57@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirk Bradach

, 407, 697, 0878

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

(Name of the Limited Liability	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
(A Florida	Limited Liability Company)	_
The Articles of Organization for this Limited Liability Florida document number L11000061511	Company were filed on 05/25/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201
Principal office address MUST BE A STREET ADD		, TT)
		· · · ·
		3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stro	et address
	, Flor	ida
	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 **Type of Action** <u>Title</u> Name **Address** 1107 Paseo Marguerita Umberto Varagnolo CIO Chula Vista CA 91910 Remove Remove

D. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated 14 Octo	ober 2013 , , ,
	12/15/1
	Signature of a member or authorized representative of a member
Kirk	k Bradach
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00