# L110000 61511

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### GORHAM RUTTER, JR.

ATTORNEY & COUNSELOR AT LAW<sup>1</sup>
401 W. COLONIAL DRIVE
SUITE 6
ORLANDO, FL. 32802

GORHAM RUTTER, JR.

TELEPHONE (321) 412-5450 grjrpa@gmail.com MAILING ADDRESS: P. O. BOX 915454 LONGWOOD, FL 32791

August 25, 2015

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

Re: Calibrated Capital Management LLC (Document #L11000061511)

Dear Sir/Madam:

With respect to the above-referenced Florida limited liability company, enclosed please find for filing the original Articles Of Amendment To Articles Of Organization. I have enclosed my check in the amount of \$25.00 to cover the fees for such filing.

Please return all correspondence regarding this matter to the undersigned at the above mailing address.

Thank you for your time and attention to this matter.

Sincerely,

m Kutter, Jr.

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calibrated Capital Management LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	-		
The Articles of Organization for this Limited Liability Company	y were filed on May 25, 2011	and assigned		
orida document number L11000061511				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lial	bility company here:			
he new name must be distinguishable and contain the words "Limited Liab	ility Company" the designation "LLC" or	r the abbreviation "LLC"		
	mry company, the designation less of	AS E		
nter new principal offices address, if applicable:		ACT OF THE PARTY O		
Principal office address MUST BE A STREET ADDRESS)		350 2		
		Transfer of the state of the st		
		rio P		
nter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		enter the name of the		
Sister ou agont unid/or the new register ou office address he	<u></u> .			
Name of New Registered Agent:				
		-		
New Registered Office Address:	Enter Florida street address			
	The said	da		
	, Floric	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager . AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
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effective date is listed, the date: If the date inserted in the	te must he specific :	and cannot be prior		e than 90 days after fi	iling.) Pursuant to 6	
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			12522-1-1252	7		
	Signature of	f a member or autho	orized representative of	fa member	NAPY ASSE	il il

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Filing Fee: \$25.00