## 211000128503

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J. SAULSBERRY EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Cor				,	
					÷ :	
SUBJE	ст:	Calchas Florida LLC	ited Liability Company			
		Name of Elin	ned Liaothty Company			
The enc	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:	j		
		1	Cerri Searing			
			Name of Person			
	Josselson & Potter					
			Firm/Company		•	
		9400 SW Beavertor	n-Hillsdale Hwy., Ste 131-	A	14 × 22	
		Beaverton, OR 97	Address 2005		2912 SEP -4 SECRETARY ALLAHASSE	T
			City/State and Zip Code	····	ASSE ABS	Ť
		terri@jprlaw.com	n to be used for future annual report notification		OF S	Ť
For furtl	her information c	oncerning this matter, please c	_	11)	AH & 42 OF STATE OF LORIDA	grader-
<u>Terr</u>	<u>i Searing</u> Nameo	f Person	at ( <u>503</u> ) <u>228-1455</u> Area Code & Daytime Tele	phone Number		
Enclosed	d is a check for th	ne following amount:	:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	)
		NG ADDRESS:	STREET/COURIER A	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calchas Fl				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Company	were filed on11-10-11	and assigned		
Florida document number <u>L11000128503</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	9400 SW Beaverton-Hillsd	lale Hwy , Ste 10		
(Principal office address MUST BE A STREET ADDRESS)	Beaverton, OR 97005	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		IZ SEP - LIN GRETARY OF S LAHASSEE, FL		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street aa	ldress		
	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	: Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		·	Add Remove
	·		Add Remove
			Add Remove
D. If an	mending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	2012 SEP -4 AP SECRETARY OF TALLAHASSEE
		Ç	FSIATE N
Dated _	August 29, 2012		
	Signature of a member of a mem	or authorized representative of a member	
		or printed name of signee	

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Filing Fee: \$25.00