

L13000025505  
m Tadlock 864-43-3622 (02/05) 10/19/2017 03:59 PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

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Account Number : 120160000017  
Phone : (800) 345-4647  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE CALDERON GROUP, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

S. WARREN

OCT 20 2017

RECEIVED  
2017 OCT 19 PM 5:00  
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17 OCT 19 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**THE CALDERON GROUP, 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 Liability Company were filed on 2/19/2013 Effective 2/15/2013 and assigned Florida document number L13000025505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lissette Calderon

New Registered Office Address:

4973 S.W. 74th Court

Enter Florida street address

Miami

Florida 33155

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 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

| Title | Name              | Address              | Type of Action                             |
|-------|-------------------|----------------------|--------------------------------------------|
| MGRM  | Maria T. Calderon | 4973 S.W. 74th Court | <input type="checkbox"/> Add               |
|       |                   | Miami, FL 33155      | <input checked="" type="checkbox"/> Remove |
|       |                   |                      | <input type="checkbox"/> Change            |
| MGRM  | Raphael Calderon  | 4973 S.W. 74th Court | <input type="checkbox"/> Add               |
|       |                   | Miami, FL 33155      | <input checked="" type="checkbox"/> Remove |
|       |                   |                      | <input type="checkbox"/> Change            |
| MGR   | Lissette Calderon | 4973 S.W. 74th Court | <input type="checkbox"/> Add               |
|       |                   | Miami, FL 33155      | <input type="checkbox"/> Remove            |
|       |                   |                      | <input checked="" type="checkbox"/> Change |
|       |                   |                      | <input type="checkbox"/> Add               |
|       |                   |                      | <input type="checkbox"/> Remove            |
|       |                   |                      | <input type="checkbox"/> Change            |
|       |                   |                      | <input type="checkbox"/> Add               |
|       |                   |                      | <input type="checkbox"/> Remove            |
|       |                   |                      | <input type="checkbox"/> Change            |

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MILAN, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(05/05) 10/19/2017 03:55:22 PM

**E. Effective date, if other than the date of filing:** Upon Filing (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**(optional)**

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 19, 2017

## 2017

Signature of a member or authorized representative of a member

**Lisette Calderon**

Typed or printed name of signee