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COVER LETTER

Division of Corporations
CALGORY LLC SUBJECT:
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:
Gregory Castro
Name of Person
Calgory LLC Firm/Company
Firm/Company
20201 East Country Club Drive #1510
Aventura, FL 33180 City/State and Zip Code gregory @ castro. fr
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cregory CASTRO at (786) 608-4770 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALGORY LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDI	DECC)	<u>.</u> ප්රාද
Armicipia office address MOSI DE A SIREEI ADDI	<u> </u>	7
Enter new mailing address, if applicable:		72
(Mailing address MAY BE A POST OFFICE BOX)		
		i E
,		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	258
		lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Mrs Leslie CASTRO	20201 East Country Club Drive	■ Add
J		#1510	☐ Remove
		Aventura 33180 FLORIDA	Change
			Remove
			☐ Change
			Add
			Remove -
			U_Change
			Add ::
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Effective date, if other than the cif an effective date is listed, the date must	ate of filing be specific and	g:	o date of filing or	more than 90 day	optional) s after filing.) Pr	ursuant to 605.020	7 (3)
Note: If the date inserted in this bloddocument's effective date on the De	ck does not n	neet the applica	ble statutory fil	ing requirement	s, this date wi	ll not be listed a	s the
document s'effective date on the De	attilient of a	state s records.					
ne record specifies a delayed The 90th day after the reco			an effective	e time, at 12:	01 a.m. or	the earlier o	if:
Dated January 10th 2017		Aventura					
Ant .		7 <u></u>	 -				
(801)							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00