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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ELIM. VIV, LC  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:
VESULA SIBREA Name of Person
ELIM. VIV, LLC Firm/Company
6498 COLLINS AG STE # 38
MIAMI BEACH FL 33141  City/State and Zip Code
Sierrales 73 EVanuo. es  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (786) 345-8785  Area Code Daytime Telephone Number  R 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

ELIM. VIV, L	LC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.		
The Articles of Organization for this Limited Liability Co	ompany were filed on _ 8 2 1	2013	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
CALST LLC The new name must be distinguishable and end with the words "Lin				
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation	"LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:		_		<del></del>
(Principal office address MUST BE A STREET ADDR	(ESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
imating datess MAT BE A POST OFFICE BOX		_		
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		ords, <u>enter</u>	the name of	the ne
Name of New Registered Agent:		<del>_</del>	100 F	
New Registered Office Address:	Enter Florida street ac	Ulrave	<del>- 100 B</del>	
	rmer riorida street do		17 YRY SSE	- Colombian
		, Florida	Zip Codez	1
New Registered Agent's Signature, if changing Registered	d Agent:		12: 2 S 14:13 ORIO	The same
I handby amount the appointment as registered agent.	and agree to get in this canacity.	I further a	mad to comply	rwith th

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Remove
			Remove
			Add
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			Remove

fective date	if other than the date of filing:
effective date date this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
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e date this docu	ment is filed by the Florida Department of State)  2015.

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