

L14000029340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

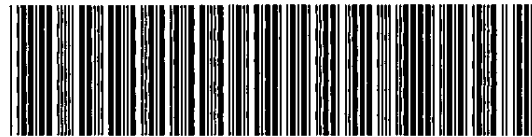
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALYSO LLC

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:

Jean Deglon

Name of Person

Firm/Company

14980 Windbluff St

Address

Davie, FL 33331

City/State and Zip Code

Jean@RealtyServicesFlorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Deglon

954 770 5348  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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**

CALYSO 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 02/20/2014 and assigned  
Florida document number L14000029340.

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 "L.L.C."

Enter new principal offices address, if applicable:

100 SE 3rd Ave, Suite 1514

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33394

Enter new mailing address, if applicable:

100 SE 3rd Ave, Suite 1514

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33394

**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:

Johanne Marcoux

New Registered Office Address:

100 SE 3rd Ave, Suite 1514

*Enter Florida street address*

Fort Lauderdale

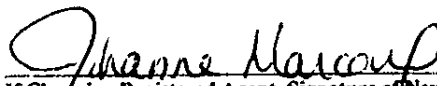
, Florida 33394

*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

is including additional persons) authorized to manage, ~~edit, the data, delete any data, add or delete persons, change names~~  
or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-----------------|---------------------------|--|
| MGR          | LEAH VITRANO    | 11381 orange grove blvd   | <input type="checkbox"/> Add               |
|              |                 | WEST PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
| MGR          | MYLENE DOMNIEZ  | 45 DU BOIS DES MOINES     | <input type="checkbox"/> Add               |
|              |                 | LA VARENNE SAINTHILAIRE   | <input type="checkbox"/> Remove            |
|              |                 | FR 94210 FR               | <input checked="" type="checkbox"/> Change |
| MGR          | ANTHONY DOMNIEZ | 45 DU BOIS DES MOINES     | <input type="checkbox"/> Add               |
|              |                 | LA VARENNE SAINTHILAIRE   | <input type="checkbox"/> Remove            |
|              |                 | FR 94210 FR               | <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            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |

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17 MAY 1964

FILED  
17 MAR 20 PM 12:26

(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.

Dated February 23, 2017

**ANTHONY DOMNIEZ**

*[Signature]*

adomnis