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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 16 2017

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

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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



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

05/03/17
3:28PM EDT

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jean-Francois Deglon	14980 Windbluff St	<input checked="" type="checkbox"/> Add
		Davie, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
MAY 15 AM 9:36

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E. Effective date, if other than the date of 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.

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 May 3 2017

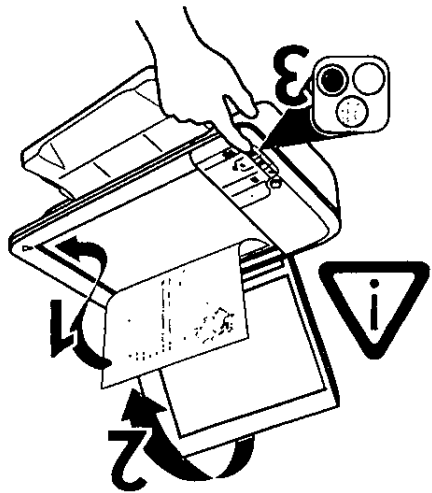

 dodoop verified
 05/03/17 7:29PM EDT
 jDGA-UH16-MQW3-LICET

Signature of a member or authorized representative of a member

Anthony Domniesz

Typed or printed name of signee





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