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SCORETARY OF STATE

D. SCOTT MAY 1 6 2017 Registration Section

TO:

COVER LETTER .

Division of Co	rporations			
CALYSO	LLC			
SUBJECT:	Name of Lin	nited Liability Company	·····	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence 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		-4,00
	Jean@RealtyServicesFlorid			已经
	E-mail address: (to be used for future annual report notifi	cation)	智養也
For further information	concerning this matter, please of	call:		- 35點 - F
Jean Deglon		954 770 5348 at ()		SEE.
	of Person	Area Code Daytime	Telephone Number	4 9 36 SIAIE LORIDA
Enclosed is a check for \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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 Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	_
The Articles of Organization for this Limited Liability Company	y were filed on and 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 lia	bility company here:	
		٠ موسير
The new name must be distinguishable and contain the words "Limited Liab	— (°)	"L:L.C."
Enter new principal offices address, if applicable:		₹ 1
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	<u> Hig</u>	
	근실	登り
Enter new mailing address, if applicable:		(ဂ္
(Mailing address MAY BE A POST OFFICE BOX)	3-111	<u> </u>
		
B. If amending the registered agent and/or registered of	office address on our records enter the name	so of the nos
registered agent and/or the new registered office address he		ie of the he
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Co.	de

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



dotloop signature verification; www.dotlocp.com/my/verification/CL-241018868-4-373B

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	Jean-Francois Deglon	14980 Windbluff St	
		Davie, FL 33331	□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
	 		bbA □
			Remove
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			☐ Change



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Note: If the date inserted in this block does not meet the a locument's effective date on the Department of State's red e record specifies a delayed effective date, but	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605. applicable statutory filing requirements, this date will not be liste
The 90th day after the record is filed. Dated May 3 2017	
	 -
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	r authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00



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