## 1140000 29340

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
<u> </u>	

Office Use Only



700321600077

12/11/18=-01022--005 \*\*25.00



## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327 Tallahassec, FL 32314

Division of Cor	porations		
CALYSOL	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Graciela McEvoy		
	<del></del>	Name of Person	<del></del>
	Vilheen Per	1 Estate Some	estla
	8020 NW 101 Av E	,	. ~
		Address	
	Tamarac, FL 33321	Auucs	). TEC
		0. 0. 15. 0.1	·
	SouthFloridasAgent@gmail	City/State and Zip Code .com	7
	E-mail address: (	to be used for future annual report notificat	
For further information co	oncerning this matter, please co	all:	. 00
Graciela McEvoy		561 345 9817 at ( )	
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
МАПЛ	ING ADDRESS:	STREET/COURIER	ADDRESS:
•	ation Section n of Corporations	Registration Section Division of Corporation	ans

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALYSO LLC	
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000029340	were filed on 02/20/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SO20 NW 1015+ Ave
(Principal office address MUST BE A STREET ADDRESS)	Jamarae, FL 33321
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8020 AW 10154 APR ! Tumarac, FC 333021:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	reide "Croppe" McEvery
New Registered Office Address:	Enter Florida street address
Tan	City, Florida 33321

## 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

Page 1 of 3

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
MGRM	JEAN-FRANCOIS DEGLON	14980 WINDBLUFF ST	
		DAVIE, FL 33331	# Remove
			Change
MGRM	GRACIELA MCEVOY	8020 NW 101 AVENUE	<b>=</b> Add
		TAMARAC, FL 33321	☐ Remove
			☐ Change
			D Add
			□ Remove
			□ Change?
			Remove 🗇
			○ Change
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

	<del>.</del>						
				· · · · · · · · · · · · · · · · · · ·			
	<u> </u>			N .	·		
	<u> </u>		···				
						<del></del>	
					<del></del>	<del></del>	
			<del> </del>	<del></del>		<del></del>	
<u></u>							
				=::::		13 13	,
						<i></i>	
							- 1
						,	5
							. 00
							_
Effective da	date inserted in this	block does not n	neet the applicab	date of filing or mor le statutory filing	e than 90 days after filin requirements, this da	al) ng.) Pursuant to 605,020 ite will not be listed a	7 (3)(b) s the
Note: If the	effective date on the	Department of S					
Note: If the document's of the record s		ed effective o	date, but not	an effective tin	ne, at 12:01 a.m	n. on the earlier o	if:
Note: If the document's of the record so the Poth	specifies a delay	ed effective o	date, but not a	an effective tin	ne, at 12:01 a.m	n. on the earlier o	if:
Note: If the document's of the record so the 90th	specifies a delay n day after the re	ed effective o		an effective tin	ne, at 12:01 a.m	n. on the earlier o	if:
Note: If the document's of the record so the Poth	specifies a delay n day after the re	ed effective decord is filed.	2018	an effective tin		n. on the earlier o	if:

Page 3 of 3

Filing Fee: \$25.00