

#L14000058213

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

4 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maytycica, 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:

Homer G. Castish  
Name of Person  
Maytycica, LLC  
Firm/Company  
4855 27th Street West  
Address  
Racine, FL 34207  
City/State and Zip Code  
HC@CastishGentile.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Homer G. Castish at ( 941 ) 756-9527  
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

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2014 AUG 27 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Maytycica, 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 03/13/2014 and assigned  
Florida document number L14000058213

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Homer G. Cablish, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Deric V. Cablish

New Registered Office Address:

4855 27th Street West

Enter Florida street address

Bradenton

Florida

34207

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

When 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Homer G. Calish</u>	<u>4855 27th Street West</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Changed</u>
		<u>Bradenton, FL 34207</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Deric V. Calish</u>	<u>4855 27th Street West</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Changed</u>
		<u>Bradenton, FL 34207</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: Same as filing date (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 20, 2014.



Signature of a member or authorized representative of a member

Homer G Cabush

Typed or printed name of signer

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TALLAHASSEE, FLORIDA