# L14000109528

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500272138135

05/01/15--01012--023 \*\*35.00

SECRETARY OF STATE

FALLAHASSEE, FLORID.

tuembuuno

MAY 28 2015 D CUSHING

## **COVER LETTER**

то:	Registration Se Division of Cor					
elib iez	CALA INV	ESTMENT GROUP, LLC				
SUBJEC	٠١: <u></u> _	Name of Lim	ited Liability Company	<del></del>		
		Amendment and fee(s) are sub	_			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		,	JULIO MOLINA			
			Name of Person	<del>.</del>		
		JUL	JO MOLINA P. A			
			Firm/Company			
2002 CURRY FORD RD						
			Address  ORLANDO, FLORIDA 32806  City/State and Zip Code  JULIOMOLINA @BELLSOUTH.NET			
		ORLANDO, I				
		•	l address: (to be used for future annual report notification)			1
For furth	er information co	oncerning this matter, please c	·			1 1
JULIO N	MOLINA		407 228-4757			w¹ *
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
			<b></b>			

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2015

JULIO MOLINA JULIO MOLINA P A 2002 CURRY FORD RD ORLANDO, FL 32822

SUBJECT: CALA INVESTMENT GROUP, LLC

Ref. Number: L14000109528

We have received your document for CALA INVESTMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 815A00009542

IS MAY 22 PH 3: 48
UNEAN OF CONTROLL AND SOFTE PHONE OF CONTROLL AND SOFTE PERONAL A

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MENT GROUP, LLC		4 · · · ·
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
	(217777722777772	i, company)	
The Articles of Organization for this Limited I	Liability Company were	filed on 07-10-2014	and assigned
Florida document number L14000109528	·		v gr
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability o	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	<del></del>	
mine and the second sec			
	_		
B. If amending the registered agent and	or registered office	address on our records, er	iter the name of the new
registered agent and/or the new registered of			
Name of New Registered Agent:	MARIA F CASTRO	MARTIN	
New Registered Office Address:	10807 SAVANNAH	LANDING CIR	
New Registered Office Hadress.	444	Enter Florida street address	
	ORLANDO	, Florida	32832
		Tity	Zin 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change

			•				
						_	
		<del></del>					
					<del></del>		
				<u>.</u>			
<u> </u>	<del></del>						
					TAEC	<del>5</del>	
		<del></del>		<del></del>		MAY	
					ASS	22	1
					7j .	PH	:
					5	£,	-
						ات	
Effective date, if other than the date of	f filing:		(0	ptional)			
Effective date, if other than the date of tan effective date is listed, the date must be speci Note: If the date inserted in this block does	ific and cannot be prices	or to date of filing o	r more than 90 days a	ifter filing.) F	ursuant to	605.02 listed	207 ( as t
document's effective date on the Departmen	nt of State's record	ls.					
ne record specifies a delayed effect The 90th day after the record is t		ot an effectiv	e time, at 12:0	1 a.m. or	ո the e	arlier	of
Dated							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00