L14000145762

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COVER LETTER

TO: R	Registration Sec Division of Corp	tion 🤰 💰 🔑		
CUD IEC	r.		AS LLC	
SUBJEC	Г:		ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	urn all correspor	ndence concerning this matter	to the following:	
			Bryan W. Sykes	
			Name of Person	
			Meridian Partners	
			Firm/Company	<u></u>
		4600 W.	Cypress Street, Suite 130	
			Address	
		Tampa,	Florida 33607	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		• • •	meridianpartnerslaw.com o be used for future annual report notifica	•(au)
For furthe	r information co	ncerning this matter, please ca		iiion)
	Bryan W	. Sykes	813 443-5260	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed i	is a check for the	e following amount:		
\$25.00	0 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

CALMAS LLC				
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on ou	r records.)		
(A Florida Limited Liab	lity Company)			
The Articles of Organization for this Limited Liability Company we	re filed on0	9/17/2014	and assig	ned
Florida document numberL14000145762				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and end with the words "Limited Liability	Company," the designa	tion "LLC" or the ab	breviation "L.I	C."
Enter new principal offices address, if applicable:		· · · ·		
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
_				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
-				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records, enter t	he name of	the new
		~~~ *	Ċ'	
Name of New Registered Agent:		្តី ក	SS R	
New Registered Office Address:				74
	Enter Florida stre	et address ີ້ ຢື	\$5 \$5 \$7	griefer
	City	, Florida _ 👸	Zip Cotte	The same of the sa
New Registered Agent's Signature, if changing Registered Agent:			SIA	The same of the sa
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rjormance oj my au vided for in Chapte	utes, ana 1 am ja er 605, F.S. Or, ij	mittar with f this docun	anu ient is

If 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>	Type of Action
MGR	EICHENHOLTZ, MARC	1808 N. FRANKLIN STREET	🗆 Add
		TAMPA, FLORIDA 33602	Remove
MGR	SHENOI, NOEL	1790 N. CASE STREET	<b>■</b> Add
		ORANGE, CALIFORNIA 92865	□ Remove
			□ Remove
			Regnove was
			□ Remove
			Add
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	, if other than the date of filing must be specific, cannot be prior to date unent is filed by the Florida Department	of receipt or filed date and cannot be mor	(optional) e than 90 days after
the date this docu	ument is filed by the Florida Department	of State)	(optional) e than 90 days after
the date this docu	OCTOBER 23	of State) 2014	
the date this docu	OCTOBER 23  Signature of a m	of State)	

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