

214 000 145 762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

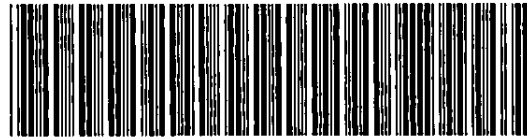
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

14 OCT 24 AM 10:16

J. Shivers OCT 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALMAS 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:

Bryan W. Sykes

Name of Person

Meridian Partners

Firm/Company

4600 W. Cypress Street, Suite 130

Address

Tampa, Florida 33607

City/State and Zip Code

bryan@meridianpartnerslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan W. Sykes

at (813) 443-5260

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

CALMAS LLC

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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>	<u>Type of Action</u>
MGR	EICHENHOLTZ, MARC	1808 N. FRANKLIN STREET	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33602	<input checked="" type="checkbox"/> Remove
MGR	SHENOI, NOEL	1790 N. CASE STREET	<input checked="" type="checkbox"/> Add
		ORANGE, CALIFORNIA 92865	<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

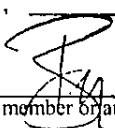
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 OCTOBER 23, 2014



Signature of a member or authorized representative of a member

BRYAN W. SYKES, ESQ.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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