# L14000152654

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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### **COVER LETTER**

TO: Registration Sec Division of Corp		. 4	
SUBJECT. CALIN	MPAL LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	RANDY HOT	ΓZ	
		Name of Person	
	CALIMPAL L	.LC	
		Firm/Company	
	1001 AVENII	DA DEL CIRCO	
		Address	
	VENICE, FL	34285	
	DUOTZ & CDU LC	City/State and Zip Code	
	RHOTZ@CPLLC.  E-mail address: (t	to be used for future annual report notificate	tion)
For further information co	ncerning this matter, please ca	all:	
RANDY HO	ΤZ	<sub>at</sub> 360, 639.685	50
Name of	Person		elephone 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

CALIMPAL LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L14000152654	mpany were filed on SEPT. 30, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
CLAIMPAL LLC		
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	· · · · · · · · · · · · · · · · · · ·	er the name of the new
Name of New Registered Agent:		- <del>(C)                                   </del>
New Registered Office Address:	Enter Florida street address , Florida	SEC A TOTAL
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	₩.E.

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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
		<del></del>	
<del></del>			□ Add
			□ Remove
			Add
			Remove
			Remove
			<del></del>
			Add
			□ Remove

ir amenung	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	• •
<del></del>	
(The effective dat	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
Dated OC	Г. 1, 2014
	Ras M
6	Signature of a member or authorized representative of a member
R	ANDY HOTZ
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 OCT -6 AM II: 42
SECRETARY OF STATE
TALL AHASSET, FLORID