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(Re	equestor's Name)
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FILE TO YEAR STATE

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COVER LETTER

	Registration Sect Division of Corpo			
SIID IEC		nama 423, LLC, a Florida lim	ited liability company	
SUBJEC	1:	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspond	dence concerning this matter	to the following:	
		Elizabeth J. Walters, Esq.		
		· .	Name of Person	
		Burke Blue Hutchison Wal	ters & Smith, P.A.	
		<u> </u>	Firm/Company	
		221 McKenzie Avenue	,	
			Address	
		Panama City, Florida 3240	01	
			City/State and Zip Code	
		ewalters@burkeblue.com		
		E-mail address: (t	o be used for future annual report notifies	ation)
For furthe	r information cor	ncerning this matter, please ca	ill:	
Elizabeth	J. Walters, Esq.		850 236-4444 at ()	
	Name of f	Person	Area Code Daytime T	elephone Number
Enclosed i	is a check for the	following amount:		
\$25.0	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**

Shores of Panama 423, LLC, a Florida l		,
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on February 5, 2015	and assigned
Florida document number L15000022052	<u> </u>	
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Calypso 2-2105, LLC, a Florida limited liability compa	iny	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A)	DDRESS)	
		8 25 20 20 20 20 20 20 20 20 20 20 20 20 20
		TU 12.25
Enter new mailing address, if applicable:		29
(Mailing address MAY BE A POST OFFICE BOX	0	3 2 2 3 3 3 3 3 3 3 3 3 3
<u> </u>	<u> </u>	
		
B. If amending the registered agent and/or r registered agent and/or the new registered office :	egistered office address on our records, <u>enter</u> address here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove ☐ Change D Add _□ Remove ☐ Change _□ Add 6 □ Řemove ☐ Remove ☐ Change

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