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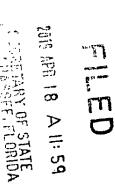
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## **COVER LETTER**

TO:	Registration Division of C		* 4 * *	• • •
SURJEC	<b>»</b> Эт.	OFERSTORSFORM	ven	
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:				
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		KEVIN	KULIKOWSKI	
			Name of Person	
		OPERA	STORSFORMARD	
			Firm/Company .	
		338 1	EAST CONCORD S	54
			Address	
		ORA	NOO FC 3090 City/State and Zip Code CAREELSFORM ARP	(
			City/State and Zip Code	
			(to be used for future annual report notif	
For furth	ner information	n concerning this matter, please c	•	ication)
,	•			
<del>\</del>		du Kankki	at (32() 39	
	Name	e of Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for	the following amount:		
<b>□ \$</b> 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

OFFICTORS TO RUNA	,
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on $\frac{12/39/15}{}$ and assigned
lorida document number L 15000 146466.	•
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	pany here:
CALFELSFORWARD LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
Mutting uturess MAT DE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ress on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address:	Tutou Florida atreat address
	Inter Florida street address
	Inter Florida street address, Florida Zip Code

New Registered Agent's Signature, it 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, 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
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			☐ Remove
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Filing Fee: \$25.00