L15000163739

Office Use Only



000278589190 L15-163739 Amend

11/05/15--01006--016 **25.00



NOV -6 2015 N. CAUSSEAUX

COVER LETTER

| CALIFO AND COM | ple Rd,LLC | | | | |
|-----------------------------------|---|---|--|--|--|
| Name of Limited Liability Company | | | | | |
| | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Mark Alsentzer | | | | |
| | | Name of Person , | | | |
| | 5200 Sample Rd,LLC | | | | |
| | | Firm/Company | ······································ | | |
| | 11742 paradise cove lane | | | | |
| | | Address | | | |
| | Wellington,Fl 33449 | | | | |
| | | City/State and Zip Code | | | |
| • | markalsentzer@hotmail.com | m or 5200sample@gmail.com | | | |
| | E-mail address: (| to be used for future annual report notif | fication) | | |
| For further information | concerning this matter, please c | all: | | | |
| Mark Alsentzer | | 954 547-4043 | | | |
| Name | of Person | at () Area Code Daytime | e 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:

TO:

Registration Section.
Division of Corporations

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

| (Name of the Limited Liability (A Florida L | Company as it now appears on our record imited Liability Company) | <u>ls.</u>) |
|--|--|---------------------------------|
| The Articles of Organization for this Limited Liability Cor Florida document number L15000163739 | mpany were filed on September,25,20 | 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: | |
| N/A | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | (SS) | |
| | | 2 × 1 |
| Enter new mailing address, if applicable: | | 2 -5 Sex |
| (Mailing address MAY BE A POST OFFICE BOX) | | E OF |
| | | FLORITE STATE |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre | | s, enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | SS |
| | | orida |
| | City | Zip Code |

New Registered Agent's Signature, if 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> <u>Address</u> **Type of Action** Luz Alsentzer 11742 paradise coye lane, Wellingt OV **AMBR** ■ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Change i Remove □ Change _□ Add □ Remove ☐ Change □ Add □ Remove

□ Change

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| | October 17,2015 |
| E. Effect (If an ef | ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (|
| Note: | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t |
| docun | ent's effective date on the Department of State's records. |
| | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | October,17 2015 |
| Jaiva | m + c = 1 |
| | 11/2 (Mankor |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00