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# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
•	Luis A Calo Jr
	Name of Person
	Firm/Company
	11102 Newbridge, Dr
	Address
	Cryst Keepers FL Egmail, com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	UIS A Calo JV at (813) 403-8868  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
□ <b>\$</b> 2:	5.00 Filing Fee Scritificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee Scritificate of Status 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**

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our r lited Liability Company)	ecords.)
e Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
orida document number		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
e new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	6
		NON NO
		28 F
nter new mailing address, if applicable:		PP PP
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
nter new mailing address, it applicable:  Mailing address MAY BE A POST OFFICE BOX)   If amending the registered agent and/or registere egistered agent and/or the new registered office address		cords, enter the name of th
Cincilla allent and or the new registered office address		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street d	1ddress

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos L Padion	201 Panorama DV	🗖 Add
		201 Pamorama DV Winter Springs, FL 32708	Remove
			☐ Change
MGR	Evelyn Valderrama	201 Punovama Dr Winter Spings, FL 32708	
		Winter Springs, FL 32708	Remove
			☐ Change
<del></del>			Add
			Remove
			☐ Change
			ON OF CHARGE OF
			Remove T
			Charage C
			É Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

11 4111	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	16 NOV 28 PH 2: 49  DIVISION OF COMPAGNICATES
	0 i 0 V Z
	<u> </u>
If an e <u>Note:</u>	ctive date, if other than the date of filing:  (optional)  effective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on each day after the record is filed.
Dated	a November 20, 2016.
	Signature of a member or authorized representative of a member
	Luis A Calo, J
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00