LIWUUIAULESCO

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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08/03/16--01016--001 **25.00



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COVER LETTER

TO: Registration Se Division of Cor			·		
SUBJECT:	Calico Name of Lim	Partaes, LL ided Liability Company	C		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Adrian Midd	Middleton Name of Person Netter 3 Mid	dleton		·
	1469	Mukel St.		16 805	
·	1 9 11a	City/State and Zip Code	23/2	3 3	
	adria a mide	Heton and M. 22 to be used for future annual report notif	ton.com		
For further information o	conc ::: '0, this matter, please c	· ·		80 :01 HW	2
Adrian M	Icadletan	at (Y5 v) 728 - Area Code Doytime	- 246 5 Telephone Nuniber		
Enclosed is a check for t	he 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

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Var+ner:	s, LlC		
ity Company as it now appe a Limited Liability Company)	ars on our records.)		
Company were filed on _	6/28/16	and assigned	
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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

ý	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 = Man AMBR = Aut		er							
	<u>Title</u>	<u>Name</u>		Ado	dress		•		Type of Acti	<u>on</u>
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E. Effe	effective date, if other than the date of filing:	(optional)		
Note	e: If the date inserted in this block does not meet the applicable statutory	g of more mail to days after milig.) Fu	rsuam to 6051020 I not be listed a	7 (3)(b) s the
doci	ument's effective date on the Department of State's records.			•
fther	ecord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on	the earlier o	of:
(b) Th	ne 90th day after the record is filed.			
Date	ed August 3, 70/6			
		,		
	Signature of a member or authorized represer	stative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00