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EXAMINER

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TO:

Registration Section Division of Corporations

aren rezer	CALAMARO FINANCIAL	GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		MICHAEL C. CALAMARO		
		Name of Person CALAMARO GROUP, LLC		
Firm/Company 500 E. BROWARD BLVD, STE 2000				SE'
	F	Address T. LAUDERDALE, FL 33394	· · · · · · · · · · · · · · · · · · ·	
		City/State and Zip Code michael.calamaro@nm.com		·
	ti-mail address: (to be used for future annual report not	ification)	. <u> </u>
For further information	concerning this matter, please ca	all:		
MICHAEL CALAMAR	0	954 444-4262 at ()		
Name	of Person	Area Code Daytin	ne 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 I Certificate of Certified Cop	Status & y

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

	ANCIAL GROUP, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L16000169089</u> .	y were filed on <u>09/12/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CALAMARO GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		13
	-	·
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		· o
		21
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florida _	
	Cin	Zin 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>	Address	Type of Action
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e:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	t be listed
ume	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 90th day after the record is filed.	e earlie
1	Seatember 12 2018	
-C(1	September 12 2018	
	X	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00