

**L16000188667**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(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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2016 NOV 14 P 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
NOV 15 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Kalypso Studios L.L.C.  
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:

Rennie Disrud-Joris  
Name of Person

Kalypso Studios L.L.C.  
Firm/Company

217 Olivia St  
Address

Key West, Florida 33040  
City/State and Zip Code

Kwrjdj06@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rennie Disrud-Joris  
Name of Person

at (305)  
Area Code

731-3226  
Daytime 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:**  
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

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TALLAHASSEE, FLORIDA

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Kalypto Studios LLC

Page 1 of 3

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>	<u>Type of Action</u>
MGR	Thomas J. JORIS	217 OLIVIA St.	<input type="checkbox"/> Add
		Key West - Fl. 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	Carrie J. <del>Disrud</del> Joris	217 OLIVIA St.	<input type="checkbox"/> Add
		Key West, Fl. 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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( ) Pursuant to 605.0  
will not be listed

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Rennie J Disrud Joris  
Typed or printed name of signee