

116000189682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

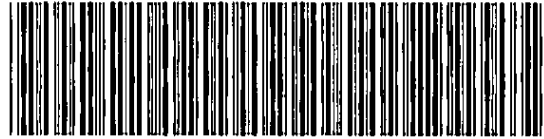
(Document Number)

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02/25/19--01031--007 \*\*30.00

FILED  
2019 MAR 13 PM 5:01  
CLERK OF COURT  
CLERK OF COURT

C. GOLDEN

MAR 15 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLACK TAG CO, LLC.  
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:

RAEDEEN JOHNSON  
Name of Person

Firm/Company

1041 S. HIWASSEE RD. 3024  
Address

ORLANDO, FL 32835.  
City/State and Zip Code

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

For further information concerning this matter, please call:

RAEDEEN JOHNSON at (321) 987-9074  
Name of Person Area Code 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

\* Please note that all that is being changed is the entity's name. The Application was misread.

Thank you.

Regards,



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2019

RAEDEEN JOHNSON  
1041 S. HIAWASSEE ROAD #3024  
ORLANDO, FL 32835

SUBJECT: BLACKTAGCO. LLC  
Ref. Number: L16000189682

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 619A00004274

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

BLACK TAG CO., LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 MAR 13 PM 5:01

The Articles of Organization for this Limited Liability Company were filed on 10/13/2016 and assigned

Florida document number L16000189682

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CALYPSO CULTURE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A (REMAINS THE SAME)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A (REMAINS THE SAME)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A (REGISTERED AGENT

New Registered Office Address:

REMAINS THE SAME)

Enter Florida street address

N/A  
City

Florida

N/A  
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.*

N/A

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>	<u>Type of Action</u>
N/A	N/A	(REMAINS THE SAME)	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A (REMAINS THE SAME)

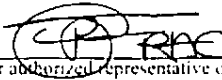
E. Effective date, if other than the date of filing: N/A (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 3/10/2019



Signature of a member or authorized representative of a member

RAEDEEN JOHNSON

Typed or printed name of signee