

(Requestor's Name)

(Address)

.. (Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

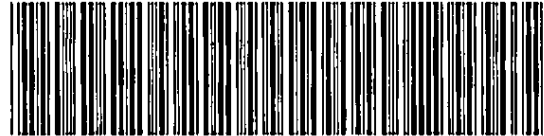
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUL 10 PM 2:12

SECRET  
 INFORMATION

K. SALLY  
JUL 20 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALZEO, 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:

LUTZ HAAREN

Name of Person

CALZEO, LLC

Firm/Company

13730 JULIAS WAY APT 724

Address

FORT MYERS, FL 33919

City/State and Zip Code

INFO@CALZEOUSA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUTZ HAAREN

Name of Person

at (229) 305-1361

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CALZEO, LLC

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

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18 JUL 10 PM 2:12  
STATE OF FLORIDA  
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 02/16/17 and assigned  
Florida document number L17000035453.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

13730 JULIAS WAY APT 724

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33919

Enter new mailing address, if applicable:

13730 JULIAS WAY APT 724

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS, FL 33919

**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:

New Registered Office Address:

13730 JULIAS WAY APT 724

*Enter Florida street address*

FORT MYERS

*City*

Florida

33919

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If an existing 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

Title                      Name                      Address                      Type of Action

AMBR                      LUTZ HAAREN

9732 CASA MAR CIR, FORT MYERS, FL 33919 ☒ Add

☐ Remove

☐ Change

MGR                      LUTZ HAAREN

13730 JULIAS WAY APT 724, FT. MYERS, FL 33919 ☒ Add

☐ Remove

☐ Change

MGR                      INA WAGNER

13730 JULIAS WAY APT 724, FT. MYERS, FL 33919 ☒ Add

☐ Remove

☐ Change

☐ Add

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☐ Change

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

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18 JUL 10 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 7-5 2018

Lutz Haaren

Signature of a member or authorized representative of a member

Lutz Haaren

Typed or printed name of signee