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SUBJEC		USINESS LLC			
SOBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		MARIA IZABEL CALIJU	JRI .		
			Name of Person		
		CALI BUSINESS LLC			
			Firm/Company		
3467 PARKWAY CENTER CT					
			Address		
ORLANDO, FL 32808					
			City/State and Zip Code		
	MICALIJURI@GMAIL.COM E-mail address: (to be used for future annual report notification)				:
For furth	er information c	concerning this matter, please c		!	
SERGIO			321 310-2415 at ()		61 E
	Name o	f Person	Area Code Daytime Teleph	one Number	H SE Tr 2:
Enclosed	is a check for th	he following amount:			52 11.
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	s &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 miles

HELEN BUSINESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/03/2017 and assigned Florida document number <u>L17000074957</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CALI BUSINESS 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

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 l	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
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