## L17000119689

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	_
AUG 12	PRNE 2022

Office Use Only



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2022 AUG 11 AM 11: 11



FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_\_

PLEASE use funds from ACCT: I2021000016 Authorization Signature:	ell-
CALISTO CONSTRUCTION LLC / L17	7000119689
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles of Incorporate	tion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL ( )Other	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_\_

PLEASE use funds from ACCT: I202100001 Authorization Signature:	160 AMOUNT: <u>\$ 25.00</u>
	17000119689
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles of Incorpora	ation
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTIL ( )Other	

## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Name of Person	
	RS ACCOUNTING AND	TAX SERVICES INC	
		Firm/Company	
	10 FAIRWAY DRIVE ST	ΓΕ 201Α	
		Address	<del></del> ,
	DEERFIELD BEACH		
		City/State and Zip Code	<del></del>
	INFO@RSACCOUNTING		
	E-mail address:	to be used for future annual report no	tification)
For further information of	concerning this matter, please of	all:	
RODRIGO P SILVA		at (954 ) 623-7615	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he fellowing amount:		
■ \$25.00 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 enclosed)
Mailing Addres	¢.	S	
Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632	7	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

ARTICLES OF (	UKGANIZ	ATION:		
(	)F	1-11	ED	GD .
CALISTO CONSTRUCTION LLC  (Name of the Limited Liability Comp		2022 411-	` ' <i>IJ</i>	
CALIGTO CONCENSALONIA		TOLE AUG 11	Au.	
CALISTO CONSTRUCTION LLC		SECRET	44    :   U	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited			<u>(qe)</u>	
(A Fronda Emilieu	maonity Compai	M J. 1292E	111	
The Articles of Organization for this Limited Liability Company	y were filed on	05/31/2017	•	and assigned
Florida document number L17000119689				<b>G</b>
Tronda document number				
This amendment is submitted to amend the following:				
and to unfold the following.				
A. If amending name, enter the new name of the limited liab	nility company	horo		
	onity Company	nere.		
CALISTO PAVERS LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," il	e designation "LL		viation "L.L.C."
Enter new principal offices address, if applicable:	SAME			
(Principal office address MUST BE A STREET ADDRESS)				
	<del></del>			
Enter new mailing address, if applicable:	SAME			
	.5711112			
(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:	SAME	
New Registered Office Address:	Enter Florida	etront addrage
		, Florida
	City	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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		·	□Change
<del></del>			□Add
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			☐ Change
			□Add
			□Remove

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•	
Effect	ive date, if other than the date of filing: (optional)
ran er Note:	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
recor	d 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
d is fi	ed.
Dated	08/10 , 2022 .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	SIDINEI CALISTO
	Typed or printed name of signee