117000262494

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COVER LETTER

TO:	Registration Se Division of Cor			
OMBA		pperties LLD		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Tanya Luciano		
			Name of Person	
		Newcali Properties, LLC		
			Firm/Company	
		13771 Oneida Drive, Apt.	ні	
			Address	
		Delray Beach, FL. 33446		
			City/State and Zip Code	
		tlucianoproperties@gmail.c	om to be used for future annual report notif	
For fu	rther information c	oncerning this matter, please ca	•	ication)
Tanya	Luciano		561 777-4673 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

Newcali Properties LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con Florida document number L17000262494	mpany were filed on 12/27/17	and assign	ned
This amendment is submitted to amend the following:	.		
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:		큖	ALL
(Principal office address MUST BE A STREET ADDRE	ESS)	APR	AH
		S	ASS
		2	
Enter new mailing address, if applicable:		2	FLC
(Mailing address MAY BE A POST OFFICE BOX)		: 28	ATE DRIDA
		and the same to	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, <u>ente</u> e <u>ss here</u> :	r the name of	the new
Name of New Registered Agent:	U		
New Registered Office Address:			
	Enter Florida street address		
	, 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
AMBR	Tanya Luciano	13771 ONEIDA DR, APT. H1,	Add
		DELRAY BEACH, FL 33446	□ Remove
		-	Change
AMBR	BARBARA HARRIS	2940 AFFIRMED DRIVE	□ Add
		NORTHBEND, OH 45052	■ Remove
			Change
			Add
			Remove
			Change
			Add
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n effec	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing of	(optional) r more than 90 days after filing.) Pursuant to 605.020
	The date inserted in this block does not meet the applicable statutory fat's effective date on the Department of State's records.	iling requirements, this date will not be listed a
cumei	it's effective date on the Department of State's feeding.	
	and amorified a deleved effective data but has a seffective	- Maria
The 9	ord specifies a delayed effective date, but not an effective of the control of th	e time, at 12:01 a.m. on the earlier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00