

L18000019438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

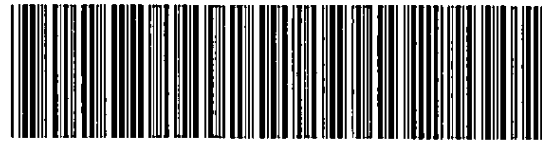
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400329049284

05/06/19--01027--021 \*\*25.00

FILED

2019 MAY -6 PM 2:18

FILED

MAY 15 2019

CO. ST. AM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CALA DEVELOPMENT GROUP, 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:

CARL E. ALLEN

\_\_\_\_\_  
Name of Person

MONTEREY MOTEL

\_\_\_\_\_  
Firm/Company

5501 THOMAS DRIVE

\_\_\_\_\_  
Address

PANAMA CITY BEACH, FL 32408

\_\_\_\_\_  
City/State and Zip Code

CARLALLENREALESTATETEAM@GMAIL.COM

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

For further information concerning this matter, please call:

CARL E. ALLEN

850 960.8808

at ( )

\_\_\_\_\_  
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

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

**FILED**

CALA DEVELOPMENT GROUP, LLC.

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

2019 MAY -6 P 2:18

The Articles of Organization for this Limited Liability Company were filed on 1/22/2019

Florida document number L18000019438

DECLARED AND ASSIGNED  
BY CLERK OF COURT

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:

**(Principal office address MUST BE A STREET ADDRESS)**

5501 THOMAS DRIVE

PANAMA CITY BEACH, FL 32408

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 9414

PANAMA CITY BEACH, FL 32417

**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

City \_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TRACY GASPARD	PO BOX 9414	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARL E. ALLEN	1316 E. LAKEWALK CIRCLE	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated May 3rd, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee