## 1.18000031331

Office Use Only



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	COVER LETTER
TO: Registra Division	tion Section of Corporations
CALINATICS	RTHBORN, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	DOLI A DAVY
	Name of Person
	DAVY & ASSOCIATES ACCOUNTING AND TAX, INC.
	Firm/Company
	5321 1ST AVE S
	Address
	ST PETERSBURG, FL 33707
	City/State and Zip Code
	DOLI@DAVYSACCOUNTING.COM
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
DOLI A DAVY	727 520-1980
1	Name of Person Area Code Daytime Telephone Number

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EARTHBORN, LLC			•	e . co	
(Name of the Limi	ted Liability Co (A Florida Lim	ompany as it now appears on onted Liability Company)	our records.)	- 6	
The Articles of Organization for this Limited L Florida document number L18000031331	Liability Comp	pany were filed on 1/29/20	18	and assigned	•
This amendment is submitted to amend the following	lowing:			2 21	
A. If amending name, enter the new name of	of the limited	liability company here:			
NA					
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designa	tion "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		NA .			
(Principal office address MUST BE A STREE	ET ADDRES.	<u>s)</u>	_		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		NA			<del>-</del>
B. If amending the registered agent and registered agent and/or the new registered o			records, enter	r the name of th	e new
Name of New Registered Agent:	NA				
New Registered Office Address:		Enter Florida str	veet address		
			م لند ما الله		
	<u> </u>	City	, FJorida _	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>	Name	Address	Type of Action
AMBR	WILLIAM CHEN	1923 BAYSHORE CT	
		SAFETY HARBOR, FL 34695	■ Remove
			Change
MGR	NANCY ALEXANDER	1401 45TH AVE N	
		ST PETERSBURG, FL 33703	Remove
			Change
MGR CHARL	CHARLES WATSON	511 31ST AVE N	<b>=</b> Add
		ST PETERSBURG, FL 33714	□ Remove
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fective date, if other t	han the date o	6/10/20	18		_ (optional	١		
on effective date is listed, the ote: If the date inserted	e date must be spec	rific and cannot be n	rior to date of filing	or more than 90 da	avs after filing	z.) Pursuai	nt to 605.	.020
cument's effective date	on the Departme	ent of State's reco	rds.	thing requireme.	nts, tins date	: WHI HOI	de fisie	u a
record specifies a The 90th day after	delayed effec the record is	tive date, but filed.	not an effecti	ve time, at 12	2:01 a.m.	on the	earlie	יר כ
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ated JULY 261H	Signatur	re of a member or a	utborized represent	tative of a member	·	<b>"</b>	AU6	
KENNETH S		re of a member or a	utborized represent	tative of a member	•	**	AUG -2	

Filing Fee: \$25.00

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