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COVER LETTER

TO: Registration Se Division of Con			
CLUD ID OTE.	oldings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tom Pye		
		Name of Person	
	Pye Law Firm		
		Firm/Company	
	3909 W Newberry Rd, ST	E	
		Address	
	Gainesville, Florida 32607		
		City/State and Zip Code	
	tom@pyclaw.com	to be used for future annual report noti	ZX
For further information of	concerning this matter, please c	•	neation
Tom Pye		352 381-9799	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following 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		Street Address:	ation.
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CalDec Holdings, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000055958	were filed on 3.2.18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	Hity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2024
	<u> </u>
	7/
No. 20 December 18 conflorables	-2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	 ယ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	
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	Michael Calsam	1503 NW 16th Ave	
		Gainesville, Florida 32605	■Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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Cective date, if other than to the neffective date is listed, the date in the letter in the date in this cument's effective date on the	nust be specific and cannot be block does not meet the	e prior to date of filing of applicable statutory fi	(option more than 90 days after fill fing requirements, this d	ing.) Pursuant to 605.0207
cord specifies a delayed effec	tive date, but not an effec	tive time, at 12:01 a.r	n, on the earlier of: (b)	The 90th day after the
s filed.				
March 29	. 2024	 ·		
is filed.	Signature of a member of	or authorized representat	ive of a member	

Filing Fee: \$25.00