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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TALI CALLS   C  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:	
Tanaha Mullings Name of Person	
Tavi Calles IV	
4212 SE 2rd All Address	
Cape Coral, Fr. 33904  City/State and Zip Code  Fan @ Tawi Cakes. (cm  E-mail address: (to be used for future annual report notification)	·_
For further information concerning this matter, please call:	
Favala Mulli VS at (239) 313-1429 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup	

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

(Name of the Limited Liability Comp	pany as it now appears on our records.) (Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 18000083877</u> .	y were filed on April 3, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4212 SE 2rd AVE Cape Coral, Tr. 339	04
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4212 SE 2nd AVI COUL COVAL, FL 3390	×4
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the
Name of New Registered Agent:		• •
New Registered Office Address:		
New Negastrea Office Addiess.	Enter Florida street address	= -
	Elemida	٠.
	, Florida	Zip Code .
New Registered Agent's Signature, if changing Registered Agen	•	. j
— . I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further ag	ree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action Title Name <u>Address</u> Faviana Mullings Call Coral, Pl 33904 ☐ Change 4212 SE22 AVE Andrew Mullings Ambr Cape coval, FL 33904 **∫⊠**(Change 250 Central St. Bran Avena Ambr Milford, MA 01757 ☐ Remove A Change <u>``</u>□ ∧dd ☐ Remove ٽ\_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	. 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the earlier
ted June 21e 2018	
Signature of a member or authorized representative of a me	mber

Page 3 of 3

Filing Fee: \$25.00