118000094220

| (Requesto | 's Name) |
|---|------------------------|
| (Address) | |
| (Address) | |
| (City/State | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documen | t Number) |
| Certified Copies(| Certificates of Status |
| Special Instructions to Filing C OCLETT Address | Officer: |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2018

BELKIS CANDALES 11500 NW S RIVER DR #5 MEDLEY, FL 33178

SUBJECT: CALZADA & LOPEZ INVESTMENT LLC

Ref. Number: L18000094220

We have received your document for CALZADA & LOPEZ INVESTMENT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. -> See attacked

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 518A00010640

RECEIVE ON JUN -8 AM S AN STONIOR COMPANY

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Calzada & Lopez Investment LC. 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: |
| Belkis Candales |
| |
| Florida Carrier Services INC. |
| 1 |
| 11500 NW South River Dr. #5 |
| Hedley F1 33178 |
| Hedley F1 33178 City/State and Zip Code b Candales 9 10 kins. Com E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Belicis Candales at 305 528-7196 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section

TO:

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

| Calzada é l | Lopez Inve | estmen | + ue | | |
|--|--|------------------------------|-------------------|-----------|--------------|
| Calzada & Calzad | Liability Company as it n Florida Limited Liability C | ow appears on ou Company) | r records.) | | |
| The Articles of Organization for this Limited Liab Florida document number <u>L180000</u> | | led on <u> </u> | -16-18 | and assig | gned |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | the limited liability cor | npany here: | | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Comp | pany," the designati | on "LLC" or the a | | .C." |
| Enter new principal offices address, if applical | ble: | | <u> </u> | 2018 | |
| (Principal office address MUST BE A STREET | 'ADDRESS) | | | | |
| Enter new mailing address, if applicable: | | | | -8 PA | |
| (Mailing address MAY BE A POST OFFICE B | <u>ox)</u> | | | <u> </u> | |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | ice address here: | | | | f the ne |
| Name of New Registered Agent: | Yanett 11410 a | lopez | Martin | net | . |
| New Registered Office Address: | | Contract Classical action | -4 | | |
| | Miam | ther Pioriaa stre | , Florida | 3316 | 5_ |
| | Ciņ | ,, | | Zip Code | |
| New Registered Agent's Signature, if changing Re | egistered 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 Registeren 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 **Type of Action** Address <u>Title</u> Name MGR Yanette lopez __ 🗆 Add MGR Yanett lopez Martinez ☐ Add _□ Remove __ 🗆 Add _□ Remove _□ Change □ Add ☐ Remove __ Change □ Add __ Remove _____ Change

____ Change

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Page 3 of 3

Filing Fee: \$25.00