118000171167

(Re	questor's Name)	
		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
CALAMO SUBJECT:	ORA LLC		
SOBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	VIVIAN MORALES		
		Name of Person	
	CALAMORA LLC		
		Firm/Company	
	5196 HORNBUCKLE BL	VD	
	-	Address	
	NORTH PORT, FL 3429	I	
		City/State and Zip Code	
	ROVY1812@GMAIL.CON	vl to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	
VIVIAN MORALES		941 875-8421	
Name	of Person	at () 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
MAII	ANG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

• •

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALAMORA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.18000171167	any were filed on JULY 16, 2018	and assigned
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 I	liability Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1 s 6
(Principal office address MUST BE A STREET ADDRESS	2	FR FT
Enter new mailing address, if applicable:		23 ED
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	77107 1 177 NW 77 C S NW C J A	
	, 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>	Type of Action
MGR	ROMAN K MORALES	5196 HORNBUCKLE BLVD	
		NORTH PORT. F1, 34291	Remove
			□ Change
MGR	GIOVANNI A MORALES	5196 HORNBUCKLE BLVD	
		NORTH PORT, FL 34291	■ Remove
			☐ Change
			SEGRETINE Damor
			THE E
			Classe 30 D Add
			□ Remove
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	7/19/18	
ffecti	ective date, if other than the date of filing:	_ (optional)
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d e: If the date inserted in this block does not meet the applicable statutory filing requireme	
ocum	ument's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time, at 1° ne 90 th day after the record is filed.	2:01 a.m. on the earlier of
me	le soul day after the record is filed.	
Dated	:0	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00