## L19000103402

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## **COVER LETTER**

SUBJECT: REMCAL PROPERTY INVESTMENTS, LLC Name of Limited Liability Company
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:
LURLINE CALLAGHAN Name of Person
REMOAL PROPERTY INVESTMENTS, LLC
8716 GLENOAKTRAIL, TALLAHASIEE
TALLAHASSE FL. 37317  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lutine Callaghan at (850) 661-3249  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

TO:

Registration Section
Division of Corporations

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMCAL PROPERTY INVE (Name of the Limited Liability Company) (A Florida Limited Liability	STMENTS, LLC
(Name of the Limited Liability Compan- (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company v	APRIL 24, 2019  Vere filed on Farmury 26, 201 and assigned
Florida document number <u>L19000103402</u>	- do
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Floridu street address
	, Florida City Zip Code
Nam Danistand Agentla Cinnature 18 standard Davis	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e 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

Title	Name	Address	Type of Action
Am <u>BR</u>	LEROS CALLAGHAN-BRI	SMO	XAdd
luthorized ma	mbel,	8716 GLENDAK TRAIL	•
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Note:	ive date, if other than the date of filing: 5/3/2024 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
rd is f	
Dated	5/31/2024
	N N N N N N N N N N N N N N N N N N N
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00