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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates (| of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| | MI ALMA LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | JAMIE KOZISEK | | |
| | | Name of Person | |
| | 2 CDOVE ISLE DD ART | Firm/Company | |
| | 2 GROVE ISLE DR APT | | |
| | COCONUT GROVE, FL. | Address 33133 | |
| | JAMIEJKH@GMAIL.COM | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual repor | t notification) |
| For further information of | concerning this matter, please c | all: | |
| JAMIE KOZISEK | | 813 786-547 at () | דו |
| Name o | of Person | | aytime 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CALMA MI ALMA LLC | | |
|---|---|---------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | Company as it now appears on our records. mited Liability Company) |) |
| he Articles of Organization for this Limited Liability Com | pany were filed on 06/27/2019 | and assigned |
| lorida document number L19000168521 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| CALMA TU ALMA LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u></u> | - |
| | | 500 6 |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | i N in |
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| | | ب زي |
| 3. If amending the registered agent and/or registered | ed office address on our records, | enter the name of the |
| egistered agent and/or the new registered office address | s here: | |
| | | |
| Name of New Registered Agent: | - | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | |
| | Enter Florida street address | <u>.</u> |
| | Flor | ida |
| | 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

| MGR = | Manager | |
|--------|----------------|------|
| AMBR = | Authorized Men | nber |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
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| ective date, if other than the effective date is listed, the date muste: If the date inserted in this blument's effective date on the D | st be specific and cannot be proor to dat ock does not meet the applicable | te of filing or more than 90 statutory filing requiren | (optional) days after filing.) Pursuant to 605.02 nents, this date will not be listed |
| record specifies a delayed he 90th day after the rec | d effective date, but not an ord is filed. | effective time, at | 12:01 a.m. on the earlier |
| JULY 15 ed | 2019 | | |
| · | | | |
| , - · | Tho 1. 1 | | |
| | Signature of a number or authorized | Formarantatus of | or |