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COVER LETTER

TO:	Registration Se Division of Cor			
CLID	Caliguire & JECT:	Co., LLC		
SUB	JEC1:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Rachel A. Driscoll		
			Name of Person	
			Firm/Company	
		P.O. Box 740122		
			Address	
		Boynton Beach, FL 33474		
		racal521@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fi	arther information c	oncerning this matter, please ca	ail:	
Rach	el A. Discoll		561 239-9337 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne 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 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

Caliguire & Co., LLC				
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)		_	
The Articles of Organization for this Limited Liability (Company were filed on October 25, 2019	ar	nd assi	igned
Florida document number L19000268212	<u></u> ,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
Rachel A. Driscoll, LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviati	on "lI	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		<u>, ; ; </u>		
		 :	<u>k</u>	
Enter new mailing address, if applicable:		··-	KOY.	
(Mailing address MAY BE A POST OFFICE BOX)			; -	i
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B. If amending the registered agent and/or regi		r the n	ańg (of the nev
registered agent and/or the new registered office add	dress nere:	•••		
Name of New Registered Agent:				
•				
New Registered Office Address:	Enter Florida street address			<u> </u>
	, 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	Membei

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			Remove
			∵ □ Change
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Typed or printed name of signee

Filing Fee: \$25.00