

W19 00028026Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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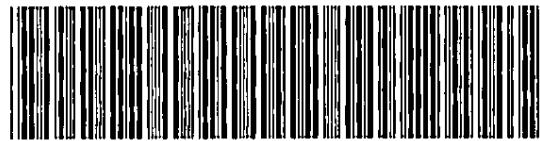
(Business Entity Name)

(Document Number)

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TALLAHASSEE

D. BRUCE
JUL 12 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Calida Properties and Investments LLC

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:

Cody Lydean Sanders Thomas

Name of Person

Calida Properties and Investments LLC

Firm/Company

220 Starbird Ct

Address

Davenport FL 33896

City/State and Zip Code

info@calidaproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Lydean Sanders Thomas

949 656-1989
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

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FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Calida Properties and Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 12, 2019 and assigned
Florida document number 1.19000280262.

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 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cody Lydean Sanders Thomas

New Registered Office Address:

220 Starbird Ct

Enter Florida street address

Davenport

City

Florida 33896

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>	<u>Type of Action</u>
MGR	Cody Lydean Sanders Thomas	220 Starbird Ct	<input type="checkbox"/> Add
		Davenport FL 33896	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tammra Sanders	226 Dixie Circle	<input type="checkbox"/> Add
		Haines City FL 33844	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jeffery Sanders	226 Dixie Circle	<input type="checkbox"/> Add
		Haines City FL 33844	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kathryn Wanzek	2630 Gables Drive	<input checked="" type="checkbox"/> Add
		Eustis FL 32726	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALL INFORMATION CONTAINED
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DATE 06-09-2021 BY 60322 UCBAW

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TALLAHASSEE, FL

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(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 06 2021

Chylsl Th
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cody Lydean Sanders Thomas

Typed or printed name of signee

Filing Fee: \$25.00