## 1200000 56538

(Requestor's Name)
(Address)
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	ircosity LLC	•	,
30BJEC1		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Nathall</u>	Q IGUSTUS Name of Person	
		Firm/Company	
	402 S ROY	DECTISON BWD APT 1	<u> </u>
	_ ws and	City/State and Zip Code	
	ndhalo . 190.	SIGS LE 9Mail. CON to be used for future annual report notif	dication)
For further information of	concerning this matter, please ca	all:	
nathalu igu	MIAS of Person	a.( <u>_10</u>	6663
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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CALYC	SHILC
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000050638</u>	ompany were filed on 2-19-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	2020
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	255
(Muning address MAT BE A POST OFFICE BOA)	P. I
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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>	Address	Type of Action
MNGR	Athina Barcia	650 NE 328T MIQMI, FL	□Add
		33137 APT 4407	Remove
<u>ungr</u>	camillia crous	6138 Franklin AVC API 406	XAdd
		LOS ANGELOS, (A 90028	□Remove
			□ Change
		<del></del>	□Add
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			□Change
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an effe <u>ote:</u> I	tive date, if other than the date of filing:
record is file	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 d.
ated_	May 8, 2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee