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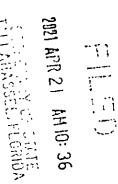
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PICK-UP	(Requestor's Name) (Address) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certificates of Status to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	HACIEN	DA CALCANO, LLC		
SUBJECT.	-	Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ISIS V.	LOPEZ-CALCANO	
			Name of Person	
		HACIENDA CALCA	ANO. LLC.	
			Firm/Company	
		PO BOX 78048	3	1
			Address	
		ORLANDO, FL	32878	I
			City/State and Zip Code	
		haciendacalcano@ao	ol.com	
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	formation co	ncerning this matter, please ca	all:	I
ISIS V. LOPE	EZ-CALCAI	NO	at ()	İ
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling 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)
Reg Div P.O	ling Address istration S ision of Co . Box 632 ahassee, F	ection orporations 7	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

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

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L20000090303</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
		202
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20809 Ft. CHRISTMAS F	
(Principal office address MUST BE A STREET ADDRESS)	CHRISTMAS, FL 32709	(D)
		-
Enter new mailing address, if applicable:	PO BOX 780483	10: 36 10: 36 10: 10A
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32878	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, en	iter the name of the new registered
Name of New Registered Agent: ISIS V. LOPI	EZ-CALCANO	
New Registered Office Address: 20809 Ft. Ch		
	Enter Florida street åd	ldress
Christmas		, Florida <u>32709</u>
New Registered Agent's Signature, if changing Registered Agen	City	Zip Code
I hereby accept the appointment as registered agent and ag		F.C. A

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>	Address	Type of Action
MGR	ISIS V. LOPEZ-CALCANO	PO BOX 780483	□Add
		ORLANDO, FL 32878	□Remove
			≅Change
MGR	VICTOR A. CALCANO	1161 CHERRY VALLEY WAY	
		ORLANDO, FL 32828	Remove
			UChange
			2021 (A) Add
			AH IOChange
			□Add
			Remove
			□Change
		·····	UAdd
			□Remove
			□Change
			□Add
		:	Пепюче
			□ Change

fameno	ding any other in	formation, ente	er change(s) here	e: (Attach addition	nal sheets, if neco	essary.)		
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Filing Fee: \$25.00