# 20000394269

(Requestor's Name)	<del></del>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900383086739

03/22/22--01017--013 \*\*25.00

2022 MAR 22 PM 12: 31 2022 MAR 22 AM 9: 51

MAR 2.3 2022 ALBRITTON

## **CORPORATE** ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WA	ALK IN	
		PICK	UP:	03//2022	
		CERTIFIED COPY			
	xx				 
	_	РНОТОСОРУ			 
		CUS		· · · · · · · · · · · · · · · · · · ·	 <del></del>
	XX	FILING	LLC		 · · · · · · · · · · · · · · · · · · ·
1.		Calabay Crossing, LLC	C ENT #)	_	 
2.		(CORPORATE NAME AND DOCUM	ENT#)		 <u>-</u> ,
3.		(CORPORATE NAME AND DOCUM	ENT #)		 
4.		(CORPORATE NAME AND DOCUME	ENT#)		 
5.		(CORPORATE NAME AND DOCUMI	ENT#)	·	 -
6.		(CORPORATE NAME AND DOCUM	ENT #)		
	ECIAI TRU	L CTIONS:			 

#### **COVER LETTER**

Div	ision of Corp					
un room	Calabay Cro					
SUBJECT:	Name of Limited Liability Company					
The enclosed	1 Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	an correspor	ndence concerning this matter t	o die tollowing.			
		Ellen Tatich				
			Name of Person			
		Latham, Luna, Eden & Bea	udine, LLP			
			Firm/Company			
		201 S. Orange Avenue, Sui	te 1400			
			Address	<del></del> <del></del>		
		Orlando, FL 32801				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		etatich@lathamluna.com				
			to be used for future annual report no	ouncation)		
For further i	intormation c	oncerning this matter, please ca	ni:			
Ellen Tatich			407 481-5856 at ()	ime Telephone Number		
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
<b>≘ \$</b> 25.00	Filing Fee	S30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addres	<del></del>	Street Address:	Section		
	egistration :	Section Corporations	Registration S Division of C			
	O. Box 632		The Centre of	Tallahassee		
Ta	allahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calabay Crossing, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. iability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000394269		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)		A TI
		22 T
		SSE
Enter new mailing address, if applicable:		مِ شِح
(Mailing address MAY BE A POST OFFICE BOX)		FAR 5
		<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	eddress on our records, <u>enter t</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter rioriaa sireet tataress	•
<del> </del>	, Flo	orida 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
MGR	Philip Tatich	3318 Fagle Blvd., Orlando, FL 32834	□Add
			Remove
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

*				
	·			<del>,</del>
				· <del>· · · · · ·</del> · · ·
		<u></u>		
		<del></del>		
	·			
		<del></del>		
		<del></del>		
	·		· · · · -	
ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the l	ust be specific and cannot be block does not meet the ap	oplicable statutory fili		filing.) Pursuant to 605.02
cord specifies a delayed effecti s filed.	ive date, but not an effecti	ive time, at 12:01 a.m	on the earlier of: (b	The 90th day after th
March 21	2022			
ed	777	· ·		
<	Jan Su	authorized representati		

Filing Fee: \$25.00