

La 1000029801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

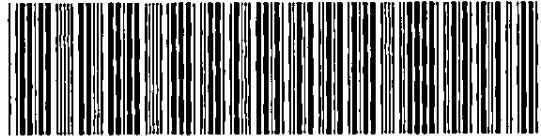
(Business Entity Name)

(Document Number)

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2021 SEP 20 PM 3:57  
2021 SEP 20 PM 3:46  
SECRETARY OF SALES  
TALLAHASSEE, FL

SEP 20 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CALIMA CONSTRUCTION LIMITED LIABILITY COMPANY**

\_\_\_\_\_  
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:

YOLANDA VIDELA

\_\_\_\_\_  
Name of Person

CALIMA CONSTRUCTION LLC

\_\_\_\_\_  
Firm/Company

10501 SW KELSEY WAY

\_\_\_\_\_  
Address

PORT ST LUCIE

\_\_\_\_\_  
City/State and Zip Code

ADMINISTRATION@CALIMAINC.COM

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

For further information concerning this matter, please call:

YOLANDA VIDELA

772 5212821  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

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

CALIMA CONSTRUCTION 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 JANUARY 13 2021 and assigned  
Florida document number 1.21000029801.

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)

10501 SW KELSEY WAY

PORT ST LUCIE FL 34987

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

10501 SW KELSEY WAY

PORT ST LUCIE FL 34987

**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:

YOI.LANDA VIDE.LA

New Registered Office Address:

10501 SW KELSEY WAY

*Enter Florida street address*

PORT ST LUCIE

*City*

Florida 34987

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	Remove
		_____	<input type="checkbox"/> Change
MGR	YOLANDA VIDELA	10501 SW KELSEY WAY PSL FL 34987	Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
AMBR	CALIMA INVESTMENTS, INC	10501 SW KELSEY WAY PSL FL 34987	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

YOLANDA COVARIA CHANGED THE LEGAL NAME TO YOLANDA VIDELA .

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.

If the record 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 record is filed.

Dated September 20 2021

Signature of a member or authorized agent

ROLANDA VIDELA

Signature of a member or authorized representative of a member

YOLANDA COVARIA / YOLANDA VIDEIA

Typed or printed name of signee