Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000385829 3)))



H210003858293ABC5

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

PEnter the email address for this business entity to be used for future ganual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALDERA LAW PLLC

HIPLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 10/18/21

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 2 0 2021

S. PRATHER

Email Address:

## **COVER LETTER**

	Registration Se Division of Cor				
enn me	Caldera Lav	w PLLC			
Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing		
		ndence concerning this matter			
		Jesse Potterveld			
			Name of Person		
		Caldera Law PLLC			
		-	Firm/Company		
		7293 NW 2nd Avenue			
		-	Address	<del></del>	
		Miami, FL 33150			
			City/State and Zip Code	<del></del>	
		jesse@caldera.law			
		E-mail address: (	to be used for future annual report no	otification)	
For furth	er information c	oncerning this matter, please c	all:		
Eva Arc	ias		305 239-7007		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	l is a check for th	ne following amount:			
□ <b>\$</b> 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	<ul> <li>S55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations			
	P.O. Box 632		The Centre of		
	Tallahassee, l	FL 32314	2415 N. MOD	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT 18 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Caldera L	aw P	'LLC
-----------	------	------

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

(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on o	ur records, enter the name of	the new registered	
(Mailing address MAY BE A POST OFFICE BOX)				
	Miami, FL.	33150	<del></del>	
Enter new mailing address, if applicable:	7293 NW 2	7293 NW 2nd Avenue		
(Principal office address MUST BE A STREET ADDI	RESS) Miami, FL	33150		
Enter new principal offices address, if applicable:	7293 NW 2	7293 NW 2nd Avenue		
The new name must be distinguishable and contain the words "Lim	nited Liability Company,"	the designation "LLC" or the abbrevi	ation "L.L.C."	
A. If amending name, enter the new name of the lim	iited liability compan	y here:		
This amendment is submitted to amend the following:	·			
The Articles of Organization for this Limited Liability C Florida document number 1.21000115725	Company were filed or	1 March 10, 2021	and assigned	
The Assistant of Oceannization for this Limited Liability (		3.6 1.10 2021		

## 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.

Bonjamin Wolkov

If Changing Neglstered 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
		<u></u>	□Add
			□ Remove
			☐ Change
			□Add
			Change
			□ Remove
			□Change
	2000		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Rеπюνе
			□ Change

	Benjamin Wolkov	Typed o	r printed name of sign	iec	STATE	2: 08	
	20191001	Signature of a member of	or authorized represen	lative of a member		_ <del>0</del>	
Dated	Benjamin	wolkor			ASSE		FILED
	ctober 14,	2021	·		TALLAH,	. 2	
If the record :	specifies a delayed effective i.	e date, but not an effec	tive time, at 12:01	a.m. on the earlier of:			
(If an effect Note: If	e date, if other than the stive date is listed, the date must the date inserted in this bloom's effective date on the De	be specific and cannot book does not meet the	applicable statutory	or more than 90 days aft	tional) ter filing.) Pursuant to 6 his date will not be li	05.0207 ( isted as t	3)(b) he
						_	
						_	
						_	
		<u> </u>				_	
				<del></del>		_	
_						<u> </u>	
_			<del></del>			_	
_						_	
		<del> </del>				_	
_						_	
						_	

Filing Fee: \$25.00