## L21000180805

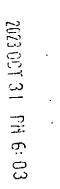
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## **COVER LETTER**

FO:

Registration Section Division of Corporations

Б∪ВЈЕСТ:	Name of Lin	nted Liability Company			
he enclosed Articles of	Amendment and feets) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sofia Vasquez				
		Name of Person			
	ZenBusiness INC				
	FirmCompany				
336 E. College Ave Suite 301					
	Address				
	Tallahassee, FL 32301				
		City/State and Zip Code			
	fulfillment@zenbusiness.co				
		to be used for future annual report notif	icalion)		
	oncerning this matter, please c				
c/o ZenBusiness INC		844 493-6249 at () Area Code Daytime Telephone Number			
Name o	f Person	Area Code Daytime	: Telephone Number		
nclosed is a check for the	ne following amount:				
\$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☼ St0.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	tion		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calloway Capitol Ventures LLC		2012 OCT 31 PH 6: 03	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ou ed Lability Company)	7073 007 31 PM 6: 03	
The Articles of Organization for this Limited Liability Compa Torida document number <u>L21000180805</u> .		1.	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
'alfoway Venture & Associates LLC			
he new name must be distinguishable and contain the words "Lumited La	ability Company," the designati	on "FEC" or the abbreviation "FEC"	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	re address on our records	, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida streç	et address	
	Florida		
	Си́у	Ap Code	
iew Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>		
hereby accept the appointment as registered agent and a rovisions of all statutes relative to the proper and comple ocept the obligations of my position as registered agent a eing filed to merely reflect a change in the registered offi- ompany has been notified in writing of this change.	ete performance of my du is provided for in Chaptei	ties, and I am familiar with and r 605, F.S. Or, ij this document is	

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>litte</u> -	<u>Name</u>	Address	Type of Action
			C.Add
			ZRemove
<del></del>			
			TRemove
			\ \ \ \ \
			CRemove
			TRemove
			TChange
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			ZRemove
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Effective date, if other than to the effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	block does not meet t	he applicable st	of filing or more than catutory filing require	(optional) (0 days after filing ) Pursua (ments, this date will no	nn to 605 0207 (3), of he listed as the
the record specifies a delayed effec- cord is filed.	tive date, but not an ef	ffective time, at	12:01 a.m. on the ea	Hier of: (b) The 90th	day after the
Dated	20	923			
/s/ John Ro	bert Calloway Ji	R			
	Signature of a memb	er or authorized r	epresentative of a men	bei	
John Robert Callowa	y JR, Member				
***	Туре	d or printed nam	e of signee		<del></del>

Filing Fee: \$25.00