h21000390909

· (Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	iy Ma



600390854226

08/19/22--01020--018 **55.00

JANCK OF CORRECTABLES

19 AM 8: 11

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Section of Corpo						
	alo Contract	ing and Development LLC					
SUBJECT:		Name of Limite	d Liability Company				
•							
The enclosed A	rticles of Ar	mendment and fee(s) are subm	itted for filing.				
lease return all	l correspond	lence concerning this matter to	the following:				
		Jacob Kalogridis					
			Name of Person				
		Kalo Contracting and Develo	opment LLC			22 AUG	15174
			Firm/Company			JU.	2. 2.
		20621 Pine Tree Lane				19	- m.;
			Address	·		**	- 第9 - 第7
		Estero FL, 33928				_ 	HOLYNDANDS AT KRISIAN
			City/State and Zip Code		•		x.
		Jacob@kalocontracting.com					
			be used for future annual	report notification)			
for further info	rmation con	cerning this matter, please cal	1:				
Jacob Kalogrid	lis		863 25 at ()	8-6141			
	Name of F	Person	Area Code	Daytime Teleph	one Number		
Enclosed is a cl	heck for the	following amount:					
□ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is cr	tus &	
	ng Address: stration Se		Street A Registr	ddress: ration Section			
_		rporations		on of Corporation	ons		
	Box 6327			entre of Tallaha			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kało Contracting and Development LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000390909}{L21000390909}$.	were filed on Septembe	r 1, 2021	_ and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbre	viation "L.I.	C."
Enter new principal offices address, if applicable:				<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)			.22	- :-
The first time to most be not	•		- E	2007 2007
			9	H 275
Enter new mailing address, if applicable:			<u>P</u> _	
(Mailing address MAY BE A POST OFFICE BOX)			<u>ფ</u>	3.5
			=	ş ⁿ i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records Enter Florida stre		of the new	register
		, Florida		
	Cin		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u> </u>			
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my di provided for in Chapte	ities, and Lam fan er 605, F.S. Or. if	niliar with this docum	and nent is
company nas veen noanea 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
P.	Anthony S. Kalogridis	1072 NARROW GAUGE COURT	
		WINTER GARDEN, FL 34787	■Remove
			□Change
MGR	Jacob A. Kalogridis	20621 Pine Tree Lane	
		Estero FL. 33928	□Remove
			■ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			OF CORPORATION OF STATE OF STA
			— Ş , ☐Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			Change

									_		
	_										
											١.
										22 A	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
										AUG.	OX C
<u> </u>	_									9	
										# # # # # # # # # # # # # # # # # # #	000
								-			: E
											<u> </u>
										<u> </u>	
	 -							_			
Effective date, f an effective date	if other than	the date o	of filing	8/15/20 ::		of filing o	mora than	(0 	ptional)	Purcuant to 605	5 020
Note: If the dat	e inserted in th	his block doe	es not ir	neet the ap	plicable s	latutory fi	ling requi	rements,	this date w	ill not be liste	ed as
document's effe	ctive date on t	he Departm	ent of S	tate s reco	ords.						
record specifie	s a delayed ef	fective date.	but not	an effecti	ve time, a	. 12:01 a.r	n. on the	earlier of	(b) The	90th day after	r the
rd is filed.	•										
Dated Au	aust	16	14	202	2						
	/				2 -		- _				
,											

Filing Fee: \$25.00