## K22000117875

(Requestor's Name)
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(Business Entity Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations		•
SUBJECT: CUCRENT	Name of Limited Liability Company	Firm LLC
The enclosed Articles of Amendment and	fee(s) are submitted for tiling.	
Please return all correspondence concernir	ng this matter to the following:	
$\mathcal{M}$ ,	Chall T Co	JVO I
<u>Cur</u>	Cent Mark	eting Firm LLC
1300	Land R Indust	rial Blud
Tarp	elecurent Mark	the 34689  chilyform. Com  cal report notification)
For further information concerning this ma		•
Michael T Calu Name of Person	at (727) Area Code	Oaytime Telephone Number
Enclosed is a check for the following amo	unt:	
□ \$25.00 Filing Fee □ \$30.00 Fili Certificate	ng Fee & S55.00 Filing Fe e of Status Certified Copy (additional copy is	Certificate of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Regis Divis	<u>Address:</u> stration Section sion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

To	
ARTICLES OF O	RGANIZATION C PARTIES
0	F S S S S S S S S S S S S S S S S S S S
(Name of the Limited Liability Compar	PRGANIZATION  F  The part of t
(Name of the Limited Liability Compar	ny as 0 now appears on our records.) iability Company)
(A Fiorida Limited E	iantity Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3/8/36}{}$ and assigned
Florida document number L22000 11 78 75.	\
1 fortida document manifect	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity commany horos
A. If amending name, enter the new name of the nimted habi	nty tompany nere.
The new name must be distinguishable and contain the words "Limited Liabili	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	1300 Land R Industrial Blud Tarpon Springs & 21689
(Principal office address MUST BE A STREET ADDRESS)	TORDON Sorines FL 31689
<u>, , , , , , , , , , , , , , , , , , , </u>	7 0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Strice Address.	Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If anrending 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>AMB</u> R	Michael T Calvo I	1235 playmour Dr	ÞÞAÆ
		1235 playmour Dr Parly Harbor FL 34683	□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
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			□Change
			□Add
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l'an effec <mark>Note:</mark> I	re date, if other than the date of filing:  (optional)  (itive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	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
rd is file	
Dated _	3/29/22
zated	<del></del>
_	
_	Signature of a member or authorized representative of a member