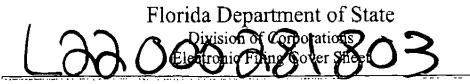
Division of Corporations



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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

			(.5
To:	Division of Corporations Fax Number : (850)617-638	3	PLAN ELVAN
From:	Account Name : DES-MATT, ING Account Number : I20180000078 Phone : (352)223-391 Fax Number : (863)318-821	1	ASSEE, FL
a	r the email address for this busi nnual report mailings. Enter only mail Address:	ness entity to be use one email address pi	d for future lease.**
·	LLC AMND/RESTATE/CORR	ECT OR M/MG R	
3			ESIGN
]	CALIMA ORGA		ESIGN
)	CALIMA ORGA  Certificate of Status	NICS, LLC.	ESIGN
J	CALIMA ORGA		ESIGN

C. BRUMBLEY

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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$25.00

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
CALIMA (	ORGANICS, LLC.		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HOLBROOK, MARGAR	ITA	
		Name of Person	-
	I&G Accounting Services	PA	
	<del></del>	Firm/Company	
	13550 Village Park Dr. Su	ite 135	
		Address	
	Orlando Fl. 32837		
		City/State and Zip Code	
	info@igaccountingservices	com to be used for future annual report to	AND THE STATE OF T
For further information of	oncerning this matter, please o		wite(ob)
HOLBROOK, MARGA	RITA	407 2321993	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	530.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration ( Division of C	Section	Street Address: Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALIMA ORGANICS, LLC.		0221 3≦⊖ TA
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000281803	were filed on 06/22/2022	NASS and assigned T
This amendment is submitted to amend the following:		: 02 TATE FL
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words 'Limited Liabi	ility Company," the designation "LLC" or the	a abbreviation "T. I. C."
Enter new principal offices address, if applicable:	495 N Semoran Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl. 32807	
Enter new mailing address, if applicable:	495 N Semoran Blvd	
Mailing address MAY BE A POST OFFICE BOX)	Orlando, Fl. 32807	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City Florida	Zīp Code
Non-Post Asset Asset Asset Asset	•	-p orm

## 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

Title	<u>Name</u>	Address	Type of Action
MBR	ANGELA M PARRA VELAQUEZ	3188 WHISPER WIND DR. ST CLOUD, FL 34771	
			ERemove
			Change
			□Add
			Change
			□Add
			ORemove
			Change
			□Add
			Пкетюче
			Change
			□Abd
			□Remove
		•	Change
			Cladd
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ive date, if other than the date of filing:
Note:	(optional)  (ective 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 tent's effective date on the Department of State's records.
e recor rd is fii	d 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 led.
	December 01 2022
Dated	<u> </u>
	Signature of a member or authorized representative of a member