## L22000362093

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Castellanos SUBJECT:	Calderon Services LLC		
30bJLC1	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luis Castellanos		
	<del></del>	Name of Person	<u></u>
	<u> (4577/1/11/10)</u>	Firm/Company	ics LLC.
	84 w 31 st apto 8		
		Address	<del></del>
	Hialeah Florida 33012		
	<del>-</del>	City/State and Zip Code	
	castellanoscalderon@gmail.	com to be used for future annual report notification)	
For further information of	concerning this matter, please co	all:	
Luis castellanos		at () 305 3013227 Area Code Daytime Telephone	
Name o	of Person	Area Code Daytime Telephone $786 - 281007$	Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	o,00 Filing Fee, fertificate of Status & fertified Copy additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahasse	Ċ

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

acto/lance	(Coldered Corners 200		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000362093</u>	were filed on and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
CASTELLANOS CALDERON SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	84 WEST 31 ST APT 8		
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33012		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	n.)[ H		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
Name of New Registered Agent:	N/A- N		
New Registered Office Address:	Enter Florida street address SSC		
	City Florida TA Zip Code		
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 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
mgrm	Raquel Castro	11515 sw 134 ave miami fl 33186	
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
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fan ef Note:	ive date, if other than the date of filing:
reco d is f	rd 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 lifed.
Dated	<u> 11   11 9 90 7.2.</u> G/ 1
	/ / / / / /
	Signature of a member or authorized representative of a member