L22000496686

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration 8 Division of Co		•	e service
SUBJECT:	Calenas A	JC	
SUBJECT:		ted Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing	
	nondence concerning this matter t		
	Isabel	la Galus Betancourth Name of Person	
		Calenas LLC Firm/Company	
	<u>11582</u> S	w Village PKWy # 1053)
	Port St.	LUCIE, FL 34987 City/State and Zip Code	
		rs Archoud. Com o be used for future annual report notification)	_
For further information	concerning this matter, please ca	lti:	
<u>Isabella</u>	1 G. Betancourth	at (501) 908 · 3943 Area Code Daytime Telephone Nun	nber
Enclosed is a check for	the following amount:		
St \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	O Filing Fee, ficate of Status & fied Copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of (P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
he Articles of Organization for this Limited Liability Company orida document number <u>L22000496686</u> .	were filed on NOV	21, 2022 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
e new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2078
Principal office address MUST BE A STREET ADDRESS)	NIA	
nter new mailing address, if applicable:		P
Nailing address MAY BE A POST OFFICE BOX)	NIA	÷.
If amending the registered agent and/or registered office tent and/or the new registered office address here:	address on our records,	enter the name of the new regis
Name of New Registered Agent:	NIA	
New Registered Office Address:	NIA Enter Florida street	address
	771127 7 107 1444 317 211	
	City	Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agent		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Angelo Quintana	11582 sw vilage pruy	⊠Add
		#1053 BL, FL 34987	□Remove
			□Change
AMBR	Isabella Galvis	11582 Sw village pru	√ Add
		#1053 PSL, FL 34987	□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
·			□Add
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			□Change
			□Add
			□Remove
			□Change

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			<u>.</u>
·/··			
			2.3
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and enter. If the date inserted in this block does not me becoment's effective date on the Department of States.	annot he prior to date of et the applicable statu	filing or more than 90 days aft	c ional) er filing.) Pursuant to 605.020 tis date will not be listed a
record specifies a delayed effective da The 90th day after the record is filed.	te, but not an eff	ective time, at 12:01	a.m. on the earlier o
nted July 06. Signature of a riv	2023 T3 when or authorized repr	resentative of a member	
		Betan Courth	

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Filing Fee: \$25.00