L23000006083

	(Requestor's Name)	
	(Address)	
	(Address)	<u> </u>
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		MAIL
	Business Entity Name)
((Document Number)	
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COVER LETTER

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TO:	Registration Section
	Division of Corporations

Calumet Towns LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Erin P Lykins		
		Name of Person	
	Beacon Civil Engineering		
		Firm/Company	
	8345 Gunn Hwy		
	<u></u>	Address	
	Tampa, FL 33626		
		City/State and Zip Code	
	clykins@beaconcivil.com		
	E-mail address:	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Jacob Sillman		813 6097461 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for (the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calumet Towns LLC

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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ability Company were filed on 01/03/2023	and	assigne	ed
Florida document number 1.23000006083				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or th	e abbreviation	u"L.L.C.	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:</u>			
D. If an adding the presistant dependence of the rest	nistand office address on our research onter the r	amo of the		
agent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> <u>; here</u> :			<u>gistereu</u>
Name of New Registered Agent:			27	
New Registered Office Address:		' · · ·	<u>ب</u>	•.
	Enter Florida street address	- - (*	Ċ	
	, Florida	Zip Ce	<u></u>	
	City	Lip Ce	nne,	

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Riley Burcaw	8345 Gunn Hwy, Tampa, FL 33626	Add 🗐
			🗆 Remove
			□ Change
			□ Add
			🗆 Remove
			Change
			🗆 Add
			🗍 Remove
			🗆 Add
			Change
			□Add
			🗍 Remove
			□ Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

13th of Septemb ated	cr 2023
	Aren Zerm
	Signature of a member or humorized representative of a member
Erin P Lykii	15
	Typed or printed name of signee

Filing Fee: \$25.00