

L23 0000 34064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

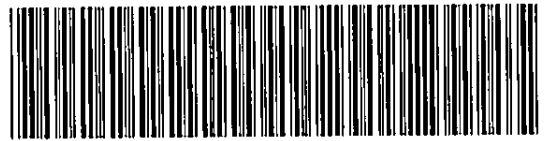
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CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]

FF \$60.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALLIOPE'S CAFE LLC
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:

JEFFERY CRANE
Name of Person

CALLIOPE'S CAFE LLC
Firm/Company

319 COUNTRY VINEYARD DR.
Address

VALHICO, FLORIDA 33594
City/State and Zip Code

jeff.crane@jkreel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFERY CRANE at (813) 545-2432
Name of Person Area Code Daytime Telephone Number

AND/OR
at

ALEXANDER MERKLER at (813) 613-6108

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CALLIOPE'S CAFE LLC

(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 Liability Company were filed on JANUARY 18, 2023 and assigned

Florida document number L23000034064

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13131 MAGNOLIA DRIVE SUITE 1265
TAMPA, FL. 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

319 COUNTRY VINEYARD DRIVE
VALHICO, FLORIDA 33594

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JEFFERY CRANE

New Registered Office Address:

13131 MAGNOLIA DRIVE SUITE 1265

Enter Florida street address

TAMPA

City

Florida

33612

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 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>	<u>Address</u>	<u>Type of Action</u>
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MGR	ELIJAH MOSEH	2507 MENDOCINO WAY	<input type="checkbox"/> Add
		VALHICO, FL. 33596	<input checked="" type="checkbox"/> Remove

MGR	ANGELA MERKLEH	3801 HOLLOW WOOD DR	<input type="checkbox"/> Add
		VALHICO, FL. 33596	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	ALEXANDER MERKLEH	3801 HOLLOW WOOD DR	<input type="checkbox"/> Add
		VALHICO, FL. 33596	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

PRESIDENT AND CEO	JEFFERY CRANE		<input checked="" type="checkbox"/> Add
		319 COUNTRY VINEYARD DR	<input type="checkbox"/> Remove
		VALHICO, FL. 33594	<input type="checkbox"/> Change

CEO	ALEXANDER MERKLEH	3801 HOLLOW WOOD DR	<input checked="" type="checkbox"/> Add
		VALHICO, FL. 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

COO	ANGELA MERKLEH	3801 HOLLOW WOOD DR	<input checked="" type="checkbox"/> Add
		VALHICO, FL. 33596	<input type="checkbox"/> Remove

CHEF DE LA CUISINE	ELIJAH MOSEH	2507 MENDOCINO WAY	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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CLERK OF COURT
JAIL HOUSE FL

E. Effective date, if other than the date of filing: MARCH 15, 2023 (optional)

(If an effective 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 (3)(b)

Note: 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.

Dated March 15th 2023



Signature of a member or authorized representative of a member

Jeffery B. Crane

Typed or printed name of signee