## L23000187892

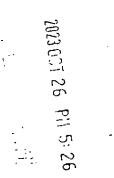
(Req	uestor's Name)	
(Add	ress)	<del> </del>
(Add	ress)	
(Cit.)	(Canada (7) - 10)	
(City.	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Dec	ument Number)	· · · · · · · · · · · · · · · · · · ·
000)	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

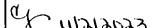




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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	- / /	Red Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Capalys  Capalys  Capalys  Capalys	Name of Person  Hooting  Firm/Company  Address  City/State and Zip Code	26
	E-mail address; (to	Jalostroofing, C	fication)
For further information con	ncerning this matter, please ca	di:	,
Klis Boll	11 CPC Person	at ( <u>239</u> ) <u>633</u> Area Code Daytim	257/ e Telephone Number
Enclosed is a check for the	following amount:		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	□ \$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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calro	Q // 2023 00T 26 PM 5: 26
(Name of the Limited Liability Compa (A Florida Limited	iny as if now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000187892</u> .	were filed on $4/17/23$ 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:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	12165 Meteo PKWY Unit Y
(Principal office address MUST BE A STREET ADDRESS)	Unit 4 Feet Myers A 33966
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12165 Metro PLWY Unit 4 Foot Myers F1 33966
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	,
Name of New Registered Agent:	
•	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 7in 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:

$MGR = M$ $\cdot AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	April Bollinger	5313 Gongo CT Cape Coeal Q 33904	
		CARE CORAL Of 33904	Remove
			Change
MOR	Alexis Munoz	1137 SW 19 Ave	<b>5</b> Add
		1137 SW 19 AVE CApe Coral 33991	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove

\_\_\_\_\_ □Change

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	<del>-</del>
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n effecti te: If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	Ocho ben 18 2023.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25 00