→ 18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003611563)))



H230003611563ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALMER WATERS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ŧ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

*	Calmer Wafer, LLC	26 •
	(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
	s of Organization for this Limited Liability Company were file	d on July 7, 2023 and assigned
lorida doc	ument number <u>L23000334180</u>	
his amend	lment is submitted to amend the following:	
If amen	nding name, enter the new name of the limited liability com	pany here:
he new name	e must be distinguishable and contain the words "Limited Liability Compar	ny." the designation "LLC" or the abbreviation "L.L.C."
Inter new	principal offices address, if applicable:	
Principal o	office address MUST BE A STREET ADDRESS)	
inter new	mailing address, if applicable:	23
	Idress MAY BE A POST OFFICE BOX)	-7
Ifaman	ding the registered grant and/or registered of	
gent and/o	ding the registered agent and/or registered office address or the new registered office address here:	n our records, <u>enter the name of the new regist</u> री
<u>Na</u>	ime of New Registered Agent:	
<u>Ne</u>	w Registered Office Address:	nter Florida street address
	7.	
	City	, Florida 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.

14154847068 → 18506176383

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>	Name	Address	Type of Action
MGR	James L Mauney	135 SE Martin Ave	■Add
		Stuart	□Remove
		Florida 34996	
AMBR	Lisa R Mills	135 SE Martin Ave	≣Add
		Stuart	□Remove
		Florida 34996	□Change
	The state of the s		□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			↓ □ Change
			□Add
			□Remove
			□Change

→ 18506176383

Filing Fee: \$25.00

Typed or printed name of signee