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TO:	Registration Section
	<ul> <li>Division of Corporations</li> </ul>

### CALPRI SERVICES LLC

SUBJECT:	Name of Limi	ted Liability Company	<del></del>
	Amendment and fee(s) are sub		2023 OCT 30 AM 8: 39 CEPARTHENT OF STATE DIVISION OF CORPORATION TALLAHASSEE, FLORIDA
lease return all correspo	ndence concerning this matter (	to the following:	T 30 OF COS 1ASSER
	CALDERON ,FRANCISC	O E	OF S
	<del></del>	Name of Person	
	CALPRI SERVICES LLC		
		Firm/Company	
	3213 MANGOVE ISLAN	D DR	
		Address	
	ORLANDO FL 32824		
	FECCALDERON@GMAII	City/State and Zip Code COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	ılf:	
CALDERON FRANCIS	SCO E	786 3375505	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

## TO ARTICLES OF ORGANIZATION OF

CALPRI SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CALPAR SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3213 MANGROVE ISLAND DR. ORLANDO FL 32824 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: CALDERON FRANCISCO E Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

## or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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