

L24000171364

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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APR 19 AM 11:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 APR 19 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

8850 CALYPSO LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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11 - Parker's Printing - Tallahassee, FL 32301

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **8850 CALYPSO 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:

**Alexander B. Rotbart, Esq.**

\_\_\_\_\_  
Name of Person

**The Rotbart Law Group PA**

\_\_\_\_\_  
Firm/Company

**117 East Boca Raton Road**

\_\_\_\_\_  
Address

**Boca Raton, FL 33432**

\_\_\_\_\_  
City/State and Zip Code

**a\_may1313@yahoo.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Alexander B. Rotbart**

**561 922-3217**

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 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**

8850 CALYPSO LLC

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

FILED  
2024 APR 19 AM 11:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/10/2024 and assigned  
Florida document number L24000171364.

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:**

2200 County Road 605

**(Principal office address MUST BE A STREET ADDRESS)**

Sunbury, OH 43074

**Enter new mailing address, if applicable:**

2200 County Road 605

**(Mailing address MAY BE A POST OFFICE BOX)**

Sunbury, OH 43074

**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:

Dorian Ray

New Registered Office Address:

7392 Rockefeller Road

Enter Florida street address

Naples

City

Florida 34119

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.*

Dorian Ray  
Dorian Ray (Apr 16, 2024 15:46 EDT)

18/04/24

**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>                      |
|--------------|-------------|---|--|
| AMBR         | Aaron May   | 2200 County Road 605, Sunbury, OH 43074 | <input checked="" type="checkbox"/> Add    |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
| AR           | Aaron May   |   | <input type="checkbox"/> Add               |
|              |             | 2200 County Road 605, Sunbury, OH 43074 | <input checked="" type="checkbox"/> Remove |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

  
Aaron May [Apr 15, 2024 14:43 EDT]

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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561 922-3217  
at ( )

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