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2024 JUH 24 PN 4: 17 SECRETARY DE SIATE

COVER LETTER

TO: Registration So Division of Cor				
5516 Kalm	ia, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Melissa Valdes			
		Name of Person	•	
	West Orange Legal, PLLC			
	9100 Conroy Windermere	Road, Ste. 200		2021 SE
		Address		
	Windermere, FL 34786			124 134 134 134 134 134 134 134 134 134 13
	melissa@westorangelegal.c	City/State and Zip Code		2024 JUN 24 PH NO 17 SEGRETARY OF SHARE SEGRETARY SEED FL
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	ali:		
Melissa Valdes		407 792-2058		
Name o	f Person	at {}} Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration 5		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632	<u>.</u> /	The Centre of	i allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5516 Kalmia, 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 $\frac{05/14/2024}{2}$ and assigned Florida document number L24000223283 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 "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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>	Name	Address	Type of Action
MGR	The Maximo Reyes Airas and Viviana Salvador Fernandez Revocable Trust Dated May3, 2024	551 Hewett Drive, Orlando, FL 32807	= Add
	Trust Dated May 3, 2024		□Remove
			□Change
MGR	Maximo Reyes Arias	551 Hewett Drive, Orlando, FL 32807	□Add
			■Remove
			□Change
MGR	Viviana Estela Salvador Fernandez	551 Hewett Drive, Orlando, FL 32807	□Add
			Remove
			Q Change
		0 -00 -00	S.□Add C
			13 Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00