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TO: Registration Sec Division of Corp		•	•
SUBMECT:	Calvan Rec	Jorafion LLC	
•	Name of Lin	sited I inhility Company	
The enclosed Articles of A	smendment and (ee(s) are sub	unitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Aizegh Galvan Name of Person		
	G	alva Restaration	on LLC_
	1022	Harmony Lane	
	Cle	City/State and Zip Code	
	Galua E-mail address: (ne ssentials egm	ail.com
For further information co	ncerning this matter, please c	all:	
A 120ch Name of	Person 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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

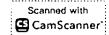
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enjer the litte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Address Title Name 1022 Harmony Lane Clarmonts Hizech Galvan MGR _____ DRemove __ 🗆 Change _ □Remove □ Change <u> ←</u> □ Remove □Add □Remove: _ Change \square Add Remove _ □Change _ □Remove



□ Change

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(If an e Note	tive date, if other than the date of filing:
I the reco	ord 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
	Jeptember 18
este(]	19/18/2024 . 2024
Date	
	Circ 2
	Sign stre of a member or authorized representative of a member
	Aizegh Galuan Typed or printed name of signee

Filing Fee: \$25.00

