108000086550

(Requestor's Name)				
(Address)				
(Address)				
(Hadross)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boodinent Nambel)				
Certified Copies Certificates of Status				
ı				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



000213355590

000213355590 10/18/11--01016--004 **30,00

TILED
NECKTONICS
SECRETARISTS
S

B. BOSTICK

OCT 19 2011

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Color	ny Tree, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Ron Russell		
		Name of Person		
		Firm/Company		
	8912 E	E Pinnacle Peak Rd F9-585		
		Address		
		Scottsdale Az 85255		
	City/State and Zip Code			
	E-mail address: (City/State and Zip Code Intact@colonytree.com (to be used for future annual report notification)		
For further information	concerning this matter, please of	call:		
1	Ron Russell	at (480) 399-3880 SA CODE & Daytime Telephone Number		
Name	of Person	at (480) 399-3880 Namber Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C	olony Tree, LLC			
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appea da Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on	09/11/2008	and assi	gned
Florida document numberL08000086550				
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company he	re:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the al	obreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
			差广 コ	1/4417 mg
Enter new mailing address, if applicable:			多	10 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)			ings — — — — — — — — — — — — — — — — — — —	
Manning underess mall BE A LOST OF FICE BOX			E'0'. N	الميروجة ا
				
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>		
Name of New Registered Agent:				
Name of New Registered Agent.	· · · ·			
New Registered Office Address:	Eı	ıter Florida street addı	ress	
		. Florida		
_	City		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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Mgr Dan Russell 1320 SE 1st Way ☐ Add Deerfield Beach FL 33411 ✓ Remove Add 🗌 Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/14/2011 Dated ___ (12. Posse Signature of a member or authorized representative of a member Ron Russell-- -- Typed or printed name of signee

Page 2 of 2...

Filing Fee: \$25.00