

4/4/24, 9:13 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000215137

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(((H24000123830 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 COLONY CIRCLE 104, LLC

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M. SOLOMON
 APR - 4 2024

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

H24000123830

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONY CIRCLE 104, 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:

Michael Merino
Name of Person
Law Offices Michael Merino PA
Firm/Company
6741 Orange Dr
Address
Davie, FL 33314
City/State and Zip Code
mclerauto1@hotmail.com
E-mail address: (to be used for future annual report notifications)

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For further information concerning this matter, please call:

Michael Merino 954 321-7701
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
- \$35.00 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COLONY CIRCLE 104, 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 05/01/2023 and assigned Florida document number L23000215137

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1254 SW 115th Ave Davie, FL 33325

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

City, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	Elizabeth De Oliveira	3727 Wolf Trail Drive Abingdon, MD 21009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Henry De Oliveira	1254 SW 115th Ave Davie, FL 33325	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	William De Oliveira	8821 Sunrise Lake Blvd, apt 106 Sunrise, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Antonio Flores	8060 COLONY CIRCLE N #104 TAMARAC, FL 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add 3 Managers Elizabeth De Oliveira, Henry De Oliveira and William De Oliveira

Remove Authorized Member Antonio Flores

2024 APR - 4 PM 12: 02

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated: _____

Elizabeth De Oliveira Notary Public
State of Florida
No. 123456789

Signature of a member or authorized representative of a member

Elizabeth De Oliveira

Type or printed name of signee

Filing Fee: \$25.00

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