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JUN 21 2011

EXAMINER



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06/20/11--01041--017 **25.00

11 JUN 20 PM 12: 36

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 205 COLLINS 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:
Chistina VASQUEZ Name of Person
CABAINAI Development Composation NY
948 BBICKELL AVENUE Ste 200
City/State and Zip Code Chisting Canding develop com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chistina VasQue2 at (305) 536 - 1490 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$10.00 Filing Fee, \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lie	COLLINA BDILLY COMPANY	S LLC	s on our records,)			
(A Florida document number	orida Limited Liab ility Company wo	oility Company)	9/27/20	<u> </u>	assigne	ed
This amendment is submitted to amend the following	ing:					
A. If amending name, <u>enter the new name of th</u>	e limited liabilit	ty company her	<u>:</u>			
The new name must be distinguishable and end with the L.L.C."	he words "Limited	Liability Compa	ny," the designatio	n "LLC" or th	e abbro	eviation
Enter new principal offices address, if applicable	•					
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>				<u>=</u>	* · ~ 4 * h.
Enter new mailing address, if applicable:				ASSE	N 20	+54 professor
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			- FLOR	PH (2: 3	
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on o	ur records, <u>ent</u>	er the name	of th	ie new
		Deule lopin	unt conf	Powation	1 11	y
New Registered Office Address: .	848 Bh	ckell Ave	MUE S er Florida street	e 200	/	
	Miami	City	, Florida	2212)	
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 if Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, the repy confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of

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 = Ma $MGRM = N$	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ D
			Add Remove
			□ Damova
			□ D amaya
			□ Domouo
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if n	necessary.)
_			
_	6/16	011	
Dated	Signature of a memb	per or authorized epresentative of a member	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00