

L03000038806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L03-38806

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

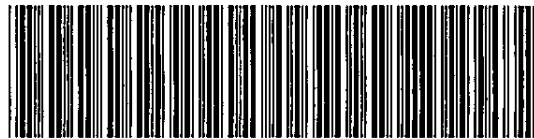
Special Instructions to Filing Officer:

11/14

amend

*[Signature]*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cole Acquisitions, 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:

Robert Cole  
(Name of Person)

(Firm/Company)

2932 NE 23rd St.  
(Address)

Ocala, FL 34470  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rob at (352) 401-9471 x10  
(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  
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**

Cole Acquisitions, LLC  
(Present Name)

(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 10-03-2003 and assigned document number 203000038806.

**SECOND:** This amendment is submitted to amend the following:

Change of address from:

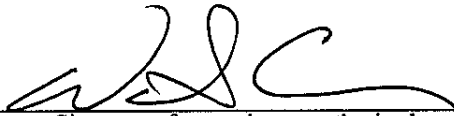
4970 Lazy Oaks Way St Cloud FL 34771

to NEW ADDRESS:

2932 NE 23<sup>rd</sup> St.

Ocala, FL 34470

Dated November 2, 2006.



Signature of a member or authorized representative of a member

William E. Cole

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

06 NOV 19 PM 4: 16

FILED

Filing Fee: \$25.00