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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COLLA Builders, 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:
Taylor Collin
Collin Builders, LLC Firm/Company
127 N M Street Address
City/State and Zip Code  taylor @ Collin builders. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jared Collin at (561) 414-0780
Tared Collin at (Sb1) 414 - 0780  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ (additional copy is enclosed) \$\Bigcup \$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 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collin		LLC	
(Name of the Limited	Liability Company as it now Florida Limited Liability Co.	w appears on our records.) mpany)	
The Articles of Organization for this Limited Lial Florida document number <u>LOSOOOBOS</u>	oility Company were filed 369	ion 01/18/2005	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	•		
The new name must be distinguishable and contain the wor	ds "Limited Liability Compan	y." the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET	ADDRESS)		<del></del> .
	<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regardent and/or the new registered office address	gistered office address of	n our records, <u>enter the na</u>	ne of the new registered
Name of New Registered Agent:	Jared	Collin	
New Registered Office Address:		m Street	
	Lake Worth	^ . Florida	33460 Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered is the appointment as registered in the second sec	gistered Agent:		202 SE T
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the region of this change in the change in the change in the change in the change in this change in the change in this change in the change in this change in this change in the change in this change in the chang	and complete performa ered agent as provided f gistered office address, nange.	ince of my duties, and I am for in Chapter 605, F.S. Or	Finding Fish and Fish

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>	Address	Type of Action
MGR	Taylor Collin	127 NM Street	□Add
		lake Worth FL	□Remove
		33460	Change
mgr	Errc Collin	127 N m Street	□Add
		Lake ubvth, FL	□Remove
		33460	hange
			□Add
			□Remove
			□Change
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		\( \text{\text{C}} \)	PH 3:30
			ATE 30 Remove
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ocument's effective date on	the Department of	State's records.				
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		member or authorize	. 1	member	<del></del>	_ <del>Ċ</del>
	Signature of a	memoer or aumoriz-	ed representative of a	memoer	교공	30