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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

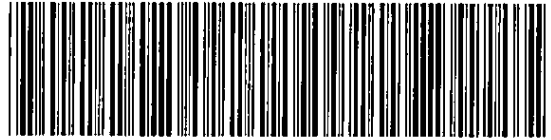
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Collin 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
Name of Person

Collin Builders, LLC
Firm/Company

127 N M Street
Address

Lake Worth, FL 33460
City/State and Zip Code

taylor@collinbuilders.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tared Collin at (561) 414-0780
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Collin Builders, LLC

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FL

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	Taylor Collin	127 N M Street	<input type="checkbox"/> Add
		Lake Worth, FL	<input type="checkbox"/> Remove
		33460	<input checked="" type="checkbox"/> Change
MGR	Eric Collin	127 N m Street	<input type="checkbox"/> Add
		Lake Worth, FL	<input type="checkbox"/> Remove
		33460	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated June 21st, 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jared Collin

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FL

THE