L0500008903

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
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cial Instructions to Filing Officer:	
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57 JAN -5 AM 9: 2 MALLANASSUNFL



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/05/2023

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*WALK IN**

ENTITY NAME	Colling	Gilbert	Wright,	PLLC
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DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxxxx	Plain Coou	

	(Copy
Cer	tified Copy
	tificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certificate of Good Standing

**APOSTILLE' / NOTARIAL CERTIFICATION **

COUNTRY OF DESTINATION_____ NUMBER OF CERTIFICATES REQUESTED___

TOTAL OWED ^{\$25}	ACCOUNT #: I20160000072			
	S & FM			
Please call Tina at the abou	e number for any issues or concerns. Thank you so much!			

ART	ICLES OF AMENDMENT TO	
ARTI	CLES OF ORGANIZATIO OF	N 2023 JAN -5 AM 9: 2
· · · · · · · · · · · · · · · · · · ·	G, GILBERT, WRIGHT & CARTER, d Liability Company as it now appears on o A Florida Lunited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed or. <u>Januar</u>	27. 2005 and assigned
Florida document numberLD5000008903	· <u>·····</u> ·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
COLLING GILBERT WR GHT, PLLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		······
(Mailing address MAY BE A POST OFFICE B	<u>(0X)</u>	
	- 	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re agent and/or the new registered office address		ls, <u>enter the name of the new regis</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	reel addrest
	Chier Frontibu Str	
	City	, Florida Zip Code

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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

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

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Title	Name		Address	Type of Action
MGR	CARTER,	NATHAN P.	801 N. ORANGE AVE., #830	🗆 Add
			ORLANDO, FL 32801	2 Remove
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(lf an eff	ive date, if other t fective date is listed, the	edate must be specific	and cannot be prio	r to date of filing o	r more than 90 days	optional) after filing.) Pursu	ant to 605.	0207 (3)(b) d as the
<u>Note:</u> docum	If the date inserted i tent's effective date a	in this block does no on the Department of	of State's records		nuR icduicmene	, ills date with it	or de liste	
If the recor record is fi	d specifies a delayed led.	i effective date, but	not an effective t	ime, at 12:0} s.r	n. on the earlier o	of: (b) The 90th	day after	the
Dated	Decont.	- 29	2022					

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

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s	ignature of a member or authorized representative of a member	
Ronald	S. Gilber Typed or printed name of signee	
······································	Typed or printed name of signee	
	Filing Fee: \$25.00	

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