# L05000048080





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J. Shivers JAN 30 2013

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# **COVER LETTER**

Division of Corpor			
SUBJECT:	RON C	OLLINS, PLLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	F	Ron Collins	
		Name of Person	<del></del>
RON COLLINS, PLLC			
		Firm/Company	
	20801 Bisc	cayne Blvd Suite	101
		Address	<del></del>
	Aven	ntura, FL 33180	
		City/State and Zip Code	
-		ron@collins.pro o be used for future annual report notifica	tion)
For further information conc	cerning this matter, please ca	ıll:	
Ron Collins		at (305) 467-90 Area Code Daytime T	00
Name of Person		Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing 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

(Name of the Limit	RON COLLI				
(ivame of the Limit	A Florida Limited I	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Li Florida document number L05000048080	a	and assigned			
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
COLLINS REA					
The new name must be distinguishable and end with the	vords "Limited Liab	ility Company," the designation "LLC" of	or the abbrevi	ation "L.L	лС."
Enter new principal offices address, if applica	13899 Biscayne Blvd	7.			
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 153	<b>行</b> に 2017	103	
		North Miami Beach, FL 33	3181 🦈	.,	k = # v
Enter new mailing address, if applicable:	Collins Realty Network		· : : : : : : : : : : : : : : : : : : :		
(Mailing address MAY BE A POST OFFICE	PO Box 546948	77	·	<u></u>	
		Miami Beach, FL 33154-6	5948 🏂	(m (J)	
B. If amending the registered agent and/ registered agent and/or the new registered of			nter the	name of	the new
Name of New Registered Agent:	Ron Collins				
New Registered Office Address:	13899 Biscayne Blvd Suite 153				
	Enter Florida street address				
	North Miam	ni Beach, Florid	, Florida <u>33181</u>		
	-	City	Ziţ	p Code	

# 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
11116	Name	Address	Турс от Ассюп
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
<u> </u>	
<del></del>	
(The effecti	e date, if other than the date of filing:
	anuary 23 , 2014 .
	fen Jellus
	Signature of a member or authorized representative of a member
	Ron Collins
	Typed or printed name of signee

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Filing Fee: \$25.00