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هر	COVER LETTER * *
TO: Registration Section Division of Corporations	3
SUBJECT: Colonial	Builders LLC Name of Limited Liability Company
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	Devis K. Solano Name of Person Colonial Builders LLC
	Firm/Company 950 NW 22nd AVE Address
	Hiami, FL 33125 City/State and Zip Code denis so Lano @ Solvers tructural - com E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Denis K S. Name of Person	at (305) 643-8699 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number <u>L05000061495</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	15 NOV 17 PM 12: 02 of the new of
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	
. City , Piolida	Zip 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 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

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00