# 105000061495

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## **COVER LETTER**

	istration Se ision of Cor						
SUBJECT:	Colonial Bu	uilders LLC					
o obone ii		Name of Limited Liability Company					
		Amendment and fee(s) are sub	•				
Please return	all correspo	ndence concerning this matter	to the following:				
		Denis K. Solano					
			Name of Person		_		
Colonial Builders LLC							
			Firm/Company	, , , , , , , , , , , , , , , , , , ,	_		
		950 nw 22nd Ave					
			Address		- P(	7 7	
		Miami, Fl. 33125				: :	
		denissolano@solverstructur	City/State and Zip Code		_ ,	. :	•
		•	to be used for future annual report notifica	ition)			. ;
For further in	iformation co	oncerning this matter, please c	all:			=	•
Denis K. Sol	ano		305 643-8699 at ( )		J.		
	Name of	Person		elephone Numbe	<u> </u>		
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Sta	itus &	

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

Colonial Builders LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records mited Liability Company)	.)
The Articles of Organization for this Limited Liability Com- Florida document number L05000061495	ipany were filed on 06/13/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	1 liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or register		enter the name of the ne
egistered agent and/or the new registered office addres	s here:	<del>c</del>
Name of New Registered Agent:		
New Registered Office Address:		
Registered Office Address.	Enter Florida street address	
	Flo	rida
<del></del>	City	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PM	Jorge L. Rodriguez	14835 SW 45 Ln, Miami FL 33185	<b>≅</b> Ad <b>d</b>
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			☐ Change
			Add
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record specifies a delayed The 90th day after the rec	I effective date, but no ord is filed.	ot an effective ti	me, at 12:01	a.m. on	the ear	rlier d
July 10	2017	,				
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