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COVER LETTER

SUBJECT: COLONIAL CAPITAL AND INSURANCE, 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: Oscar R. Lopez-Calleja (Name of Person) Colonial Capital and Insurance, LLC (Firm/Company) 770 Ponce de Leon Blvd, Penthouse Suite (Address) Coral Gables, Florida, 33134 (City/State and Zip Code) For further information concerning this matter, please call: Oscar R. Lopez-Calleja (Name of Person) Table 1979 Available 2079 Available 2079 For further information concerning this matter, please call: Oscar R. Lopez-Calleja (Name of Person) Table 2079 Available 2079 Available 2079 Available 2079 Available 2079 For further information concerning this matter, please call: Oscar R. Lopez-Calleja (Name of Person) Table 2079 Available 2079	TO: Registration Section Division of Corporations		
Please return all correspondence concerning this matter to the following: Oscar R. Lopez-Calleja			<u>C</u>
Oscar R. Lopez-Calleja (Name of Person) Colonial Capital and Insurance, LLC (Firm/Company) 770 Ponce de Leon Blvd, Penthouse Suite (Address) Coral Gables, Florida, 33134 (City/State and Zip Code) For further information concerning this matter, please call: Oscar R. Lopez-Calleja (Name of Person) ALLAHASSE TRAPY OF STATE OF	The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
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Colonial Capital and Insurance, LLC (Firm/Company) 770 Ponce de Leon Blvd, Penthouse Suite (Address) Coral Gables, Florida, 33134 (City/State and Zip Code) For further information concerning this matter, please call: Oscar R. Lopez-Calleja (Name of Person) At (305) 742-4306 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S25.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
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Oscar R. Lopez-Calleja (Name of Person) at (305) 742-4306 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\sum{\text{\$\sum{S}}}\$\$ \$25.00 Filing Fee \text{\$\text{Certificate of Status}}\$ Certificate of Status \text{\$\text{Certified Copy} \\ (additional copy is enclosed)} \text{\$\text{Certified Copy} \\ Certified Copy}	Coral Gables, Flori	ida, 33134	JL 13 PH JETARY OF AHASSFE F
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(additional copy is enclosed) Certified Copy	\$25.00 Filing Fee \$30.00 Filing Fee &		
MAILING ADDRESS: STREET/COURIER ADDRESS:	MAILING ADDRESS.	(additional copy is enclosed)	(additional copy is enclosed)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLONIAL CAPITAL AND INSURANCE, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 07/25/2005 document number L05000072528	and assigned	
SECOND:	This amendment is submitted to amend the following:		96
	Change physical and mailing address address to be:	FALCE	JE F
	770 Ponce de Leon Blvd. Penthouse Suite	芸術	13 F
	Coral Gables, Florida, 33134	前。	OF JUL 13 PH 2: 13
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_{Dated} Ju	y the 3rd. , 2006 .		
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	Signature of a member granthorized representative of a mem	nber	
	Oscar Rene Lopez-Calleja		
	Typed or printed name of signee		

Filing Fee: \$25.00