

L05000 091 486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

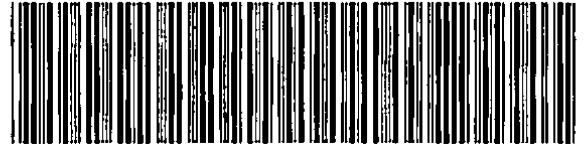
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900333519269

09/09/19--01012--013 ++35.00

RECEIVED
TALLAHASSEE, FLORIDA

2019 SEP -9 PM 2:12

FILED

SEP 1 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLORADO EAST, 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:

ROBERT FERREIRA

Name of Person

Firm/Company

4601 AZALEA DR

Address

NAPLES, FL 34119

City/State and Zip Code

BOBFERR@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT FERREIRA

615

818-1433

at ()

Name of Person

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**

FILED

COLORADO EAST, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2011 SEP - 9 PM 2:32

The Articles of Organization for this Limited Liability Company were filed on 09/16/2005 and assigned
Florida document number L05000091486

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 "L.L.C." or the 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LONG LAW, P.A.

New Registered Office Address:

2122 VICTORIA AVE., STE B

Enter Florida street address

FORT MYERS

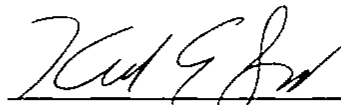
City

Florida 33901

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>	<u>Type of Action</u>
MGR	ROBERT FERREIRA	4601 AZALEA DR.	<input type="checkbox"/> Add
		NAPLES, FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANA GOSFORD	6529 BRANDON PKWY	<input checked="" type="checkbox"/> Add
		FRANKLIN, TN 37064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 5TH, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROBERT J FERREIRA

Typed or printed name of signee