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J. SAULSBERRY EXAMINER

OCT 1 2010

COVER LETTER

10:	Registration Se Division of Cor				
SUŖJE	ECT:				
		Amendment and fee(s) are sub ondence concerning this matter	-		
James Collenberger Name of Person					
			im Collenberger LLC		
			4132 NE 24 ST.		20 FA
	Address Homestead, FL. 33033				2010 SEP 30 AM II: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDI
	City/State and Zip Code cjimbo9@aol.com				P30 AMI
For fur	ther information o	E-mail address: (concerning this matter, please of	to be used for future annual report notificated:	ation)	STATE STATE LORIEN
		es Collenberger of Person	at (at (786_) 5 Area Code & Daytime 7	56-2547 Telephone Number	
Enclose	ed is a check for the	he following amount:			
✓ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Jim Collenberger LLC		
(Name of the Limited (A	Liability Company as It now apper Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on	01/16/2007	and assigned
Florida document numberL0700005	613		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		70 Z0
(Principal office address MUST BE A STREET	TADDRESS)		LAILA II
Enter new mailing address, if applicable:			ASSET AND THE SECOND
(Mailing address MAY BE A POST OFFICE L	<u></u>		STATE 58
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street add	lress
		. Florida	
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
VP	Elizabeth A Theodorides	22811 SW 88 Pl. Cutler Bay FL. 33190	Add Remove
		•	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amen 	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.	2010 SEP 30 AM II:
Dated	09/29/1 . 2	010.	TATE ORIDA
		per or authorized representative of a member	
	J. Tvn	ames Collenberger	<u></u>

Page 2 of 2

Filing Fee: \$25.00