

LO7000113659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

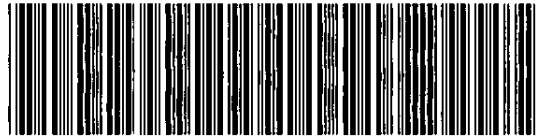
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins MAR - 9 2009

LISETTE PIE SALAZAR, P.A.
200 Crandon Blvd., Suite 311
Key Biscayne, FL 33149
(305) 361-6161
(305) 361-6168 - Facsimile

February 24, 2009

Department of State
Division of Corporations
REGISTRATION SECTION
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment - COLLINSVILLE, LLC

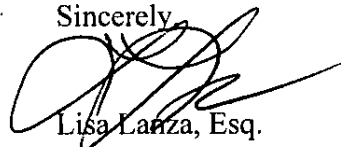
Dear Sir or Madam:

Enclosed please find the following for the above mentioned Florida Limited Liability Company:

1. Articles of Amendment to Articles of Organization of COLLINSVILLE, LLC
2. Check #2379 in the amount of \$35.00

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Lanza', is written over the word 'Sincerely,'.

Lisa Lanza, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLLINSVILLE, 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:

Lisa Lanza, Esq.

(Name of Person)

LISETTE PIE SALAZAR, P.A.

(Firm/Company)

200 Crandon Blvd., Suite 311

(Address)

Key Biscayne, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Lanza, Esq.

(Name of Person)

at (305) 361-6161

(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

COLLINSVILLE, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 11/09/07 and assigned
Florida document number L07000113659

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 end with 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 ADDRESS)

6422 Collins Avenue #502

Miami Beach, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6422 Collins Avenue, #502

Miami Beach, FL 33141

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:

New Registered Office Address:

(Enter Florida street address)

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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

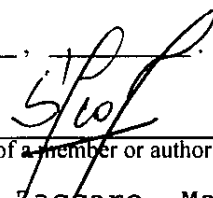
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 11, 2008

FILED
 09 MAR -6 AM 10:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



 Signature of a member or authorized representative of a member
 Blas Zaccaro, Manager

 Typed or printed name of signee