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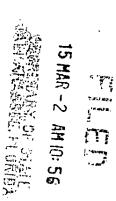
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#### COVER LETTER

TO:

Registration Section

Division of Corporations

## COLONNADE 904 INVESTMENTS, 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 Alejandro Gonzalez Perez			
Name of Person			
Firm/Company			
8395 SW 73 Avenue.# 904			
Address			
Miami , Florida 33143			
City/State and Zip Code			
oagp09@gmail.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

M	on	ica	Lo	pez

<sub>ar</sub> 305, 401-852

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

COLONNADE 904 INVES		y as it now appears on our records. iability Company)	)
The Articles of Organization for this Limited I Florida document number L08000038492	Liability Company	were filed on 04/16/2008	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and end with the	e words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8395 SW 73 Avenue.# 904	I . Miami , Florida 33143
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>E BOX)</u>		- 
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the no
Name of New Registered Agent:	Monica Lop	ez	<b>公文 2</b> / -
New Registered Office Address:	6135 Metrov	west Boulevard. Unit 101	
	Orlando	Enter Florida street address , Flor	32835 O
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro	•	• • •	• • •

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

accept the obligations of my position as registered agent as provided for in Chapter 605 P.S. Or, if this document is being filed to merely reflect a change in the registered office address, Lhereby confirm that the limited liability

company has been notified in writing of this change.

Oue

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

MGR = Manager

AMBR = Authorized Member Title Title **Name** Address **Type of Action MGR** Oscar Alejandro Gonzalez Perez 8395 SW 73 Avenue.# 904 . Miami , Florida 33143 **■** Add \_□ Remove 220 Alhambra Circle. 11 Floor MGR CTC MANAGEMENT SERVICES, LLC Coral Gables, Florida 33134 ☐ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated Feb Al 2015	
Jose to le Que	,
Signature of a member or authorized representative of a member	
Oscar Alejandro Gonzalez Perez for Megan Investi	ments, In-
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

