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Special Instructions to Filing Officer:

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EXAMINER

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COVER LETTER

TO: Registration Division of C		,	
SUBJECT:	CoLO 5 (Name of Limite	d Liability Company)	
	(Name of Shine)	d Diability Company)	
The enclosed Articles	of Amendment and fee(s) are submi	tted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	DAVIO	Muyres (Name of Person)	
		(Name of Person)	
	Col	Lo 5	
		(Firm/Company)	
	Po Box	AUA6 (Address)	
	Orange	(Address) Park FL 32 City/State and Zip Code)	067
-	τ.	Lity/State and Zip Code)	
For further information	n concerning this matter, please call:		
Davi	d Muyres e of Person)	at (904 249 -	7407
(14an	e di reison)	(Alea Code & Daytine 1	elephone (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 08 AUG 18 'AM 8: 18

<i>(</i> - , - , - , - , - , - , - , - , - , -	SECRETARY UF STATE TALLAHASSEE FLORIDA
(Name of the Limited Liability Company	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 7/14/2008 and assigned
Florida document number <u>L08000067735</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	COLO 5
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 2426
	Orange Park, FL 32067
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	D.J. Muyres
New Registered Office Address:	Krngsley Ave Blds Z Enten Florida street address)
Oran	ce Park, Florida FL 32073 (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 Title **Name** <u>Address</u> Type of Action David Muyres

Robert van Winkel MGR 2412 STOUKTON Add Fleming Island, Remove Remove ☐ Add Remove **∏** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representa Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00