1080000 67981

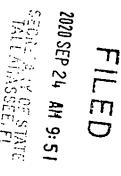
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900347277859

07/08/20--01020--010 ++25.0o



COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christa L. Collins LLC
433 Central Ave 4th food
Saint Petersburg F1 33701 Christa @ c/cclassaction/aw.com
Christa @ Clcclassaction law. (or E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christa L. Collins at (707) 421-9589 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Christa L. Coll	ins	LLC		
Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LDS 00006</u> 798			and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	COASH	esignation "L.I.C" or the	SEP 24	.c.*
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.same		AH 9:51	<u>D</u>
The purpose gette entity is to prove B. If amending the registered agent and/or registered office address here:	address on our re	ecords, enter the	name of the new	negistered
Name of New Registered Agent: Same New Registered Office Address: Same		ida street address		
	City	, Florida	1Zip 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. Thereby 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 = M $AMBR = A$	lanager .uthorized Mem	iber / _		
<u>Title</u>	Name	NA	Address	Type of Action
				□Add
				□Remove
				□Change
				□Add
				□Remove
			······································	☐ Change
				□Add
		,		2020 Remove 7
				Const Change
				Change Change
				□Remove
				Change
				□Remove
				Change
				-
				☐ Change

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		_
-		_
-		_
-		_
- -		_
-		
-		-
	··· &	
	2020 S	
-	SEP 2	- 1
	55%	
	STATE OF THE PROPERTY OF THE P	
	51 S	_
		_
		_
•		_
•		_
(If an ef Note:	ive date, if other than the date of filing:	05.0207 (1 sted as th
he reco ord is fi	d specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day aft led.	er the
Dated	Signature of a member or authorized representative of a member	
	Christa L. Collins Typed or printed name of signee	

Filing Fee: \$25.00