. 208000080110

	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
- эресіаі іпзицейона	to Filling Officer.
1	A. LUNT

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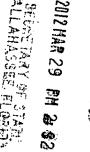
EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJI	PCT:	∞	OLFIN, LLC			
SCIS	<u> </u>		ited Liability Company		-	
		Amendment and fee(s) are sul			2012 HAR 29	- illan
Please	return all correspo	andence concerning this matter	r to the following:		1 29 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FI
ANA L FERREIRA					門里里	Y
Name of Person						****
ANAS ACCOUNTING SERVICES CORP						ı
			Firm/Company		_	
		20	55 Wood St. Suite 114		_	
	Address					
Sarasota, FL 34237					_	
City/State and Zip Code					* ******	
		E-mail address: (to be used for future annual report notif	ncation)		
For fu	rther information c	oncerning this matter, please of	call:			
	An	na L Ferreira	at (_941)	870-3400		
	Name of Person Area Code & Daytime Telephone Num			ne Telephone Numb	oer .	
Enclos	ed is a check for the	ne following amount:				
\$2.5	5.00 Filing Fæ	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifion (1) Certifion	filing Fee, cate of Status & ed Copy onal copy is enclos	ed)

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

COLFII	N, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appea	us on our records.)		
(A Fiorida Littleau)	Liability Company)			
The Articles of Organization for this Limited Liability Company	08/20/2008 and assigned			
Florida document number L08000080110				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	sility commony bo			
2 in anisotroning facility, effect the few facility of the infinited facility	unity Conquany IRE	<u>ie.</u>		
The new name must be distinguishable and end with the words "Lim"	ited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1111 SW 1ST AVE AP 1216			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130			
Enter new mailing address, if applicable:	1111 SW 1ST AVE AP 1216			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33130			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter the name of the ne</u>		
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida street address			
		, Florida		
	City	7in 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 ☐ Add Remove ☐ Add Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ownership percentage has been changed as: Cesar Rengifo 99% Fernando Rengifo 1% January 24 Dated Signature of a member or authorized representative of a member FERNANDO RENGIFO

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00