

L08000080262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

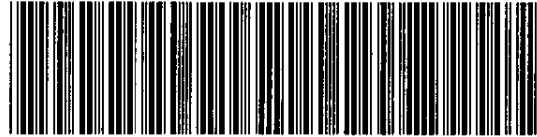
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
09 JUL 13 PM 3:26

T. HAMPTON

JUL 14 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Colman 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:

Alicia Coles

Name of Person

Colman LLC

Firm/Company

3825 Misty Willow Way

Address

Lutz, FL 33558

City/State and Zip Code

alicoles@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Coles

Name of Person

at ( 561 )

758-1846

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**

Colman LLC

(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 8/21/2008 and assigned  
Florida document number L080000080262.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

K. Coles LLC

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)**

3825 Misty Willow Way

Lutz, FL 33558

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3959 Van Dyke Rd.

Ste. 313

Lutz, FL 33558

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**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:**

Alicia Coles

**New Registered Office Address:**

3825 Misty Willow Way

*Enter Florida street address*

Lutz

Florida

33558

*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

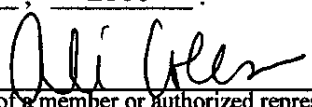
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alicia Coles	3825 Misty Willow Way Lutz, FL 33558	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Melissa Aidman	1911 Wykagyl St. Tampa, FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Matthew Coles	3825 Misty Willow Way Lutz, FL 33558	<input checked="" 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.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATIONS  
09 JUL 13 PM 3:26

Dated July 8, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Alicia Coles  
\_\_\_\_\_  
Typed or printed name of signee