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S. HAWKES

MAY 1 2 2009

EXAMINER

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:
LADM D. Chrymans Name of Person
Colorine Enterprise LLC Pirm/Company
P. D. Box 143 Address
Marianna Florida 32447 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 574-1227 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Cohesive Entero	rise, LLC	
(Name of the Limited Li (A F	ability Company as it now appears on our orda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on Fabruary	19, 2009 and assigned
Florida document number		
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		SECURIVES
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	
Enter new principal offices address, if applicab	le:	総制 5
(Principal office address MUST BE A STREET)	ADDRESS)	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	DX)	
		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, enter the name of the new
registered agent and/or the new registered offic	e address nere:	
Name of New Registered Agent:		,
New Registered Office Address:	Enter Flori	da street address
		. Florida
•	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 **Title** <u>Name</u> **Address Type of Action** MARM ☐ Add ☑ Remove MGRM Mar Add I Remove⊃ Remove. $\overline{\mathcal{L}}$ $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LAD D. Champas
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00