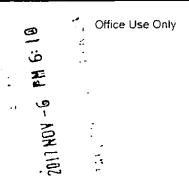
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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HOW OF THIS

COVER LETTER

	istration Se ision of Cor			
eun in cr		IELE PARTNERS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSEPH P TAGLIOLA		
			Name of Person	
		COLLARMELE PARTNE	ERS LLC	
			Firm/Company	
		2929 E COMMERCIAL B	BLVD PH-D	
			Address	
		FORT LAUDERDALE FL	_ 33308	
			City/State and Zip Code	·
		-	LLARMELEPARTNERS.COM	
			to be used for future annual report notif	ication)
hor further is	itormation co	oncerning this matter, please ca	all:	
PAULA PIE	RONI		954 665-3919 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

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

COLLARMELE PARTNERS LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on o mited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Com Florida document number L09000040960		09 DAGE 2	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited			
The new name must be distinguishable and contain the vords "Limited	d Liability Company," the designate	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		:2	2.
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:	\		<u>-::</u>
(Mailing address MAY BE A POST OFFICE BOX)	\		2 13 3 pd
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the	name of the nev
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida str	eet address:	
	City	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

COLLABARTER DARWERS LLC

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, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	DARRYL R KAPLAN	2929 E COMMERCIAL BLVD	□ Add
		FORT LAUDERDALE FL 33308	Remove
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			☐ Add Remove
			□ Change
			Add
			Remove
			Change

ffective date, if other than the date of filing: JANUARY 1 2017 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 (object.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. The 90th day after the record is filled. OCTOBER 25 2017 Signature of a member and shorted representative of a member JOSEPH P TACLIOLA			
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