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(Ad	dress)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)		
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp		<u> </u>	o _{r a}
SUBJ	ест:	OLEGIAL CO	NTPACTORS, LLC	-
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		MARVII	U COLEGIAL Name of Person	
		COLEGIA	L CON TRACTORS Firm/Company	,UC
		3143 Sw	21ST Address	
			City/State and Zip Code egical Contractors: Code used for future annual report notice	ication)
For fu	rther information co	ncerning this matter, please ca		
	MARVIN COLI	 	at (<u>305</u>) <u>8154</u> Area Code Daytimo	Telephone Number
Enclos	sed is a check for the	following amount:		
12 \$2	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

(Name of the Limited Liability Company (A Florida Limited Lia	ACTORS, LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 01/21/2010 and assigned
Florida document number <u>L1000000 7764</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	849 SW IST STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	849 SW 15T STREET MIRMI, FL 33130
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	the address on our records, enter the name of the new $\Xi_{\mathcal{S}}$
Name of New Registered Agent:	LAN
New Registered Office Address:	Enter Florida street address
	Florida 7 F
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Çiri 🐞

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> Name <u>Address</u> **Type of Action** MGR MARIA GONZALEZ 31435W 218T Marri FL 36145 0 Add Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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fect	ive date, if other than the date of filing: (optional)	
n et ote:	fective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list)5.02 sted
	nent's effective date on the Department of State's records.	
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier
	. Jour day after the record is med.	
ted	December 23th, 2000.	
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	Signature of a member authorized representative of a member	

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Filing Fee: \$25.00