# L10000018786

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IVISION OF CORPORATIONS

APR 1 8 2012 T. **HAMPTON** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJ:	FCT:	The Colbe	ert Law Firm, LLC		
SUBJ.	EC1:		ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		D	ia T. Colbert, Esquire		
			Name of Person		
	The Colbert Law Firm, LLC				
	Firm/Company				
		8751 W I	Broward Boulevard, Suit	e 210	
			Address		
		DI	- total Cool		
		PI	antation, Florida 33324 City/State and Zip Code		
		dcolber	t@thecolbertlawfirmllc.c	om	
	,	E-mail address: (	to be used for future annual report i	otification)	
For fu	ther information co	oncerning this matter, please c	all:		
	Dia	a T. Colbert	at ( 954 )	635-4506	
	Name of	Person	Area Code & Da	ytime Telephone Number	
Enclos	ed is a check for the	e following amount:			
	5.00 Filing Fcc	\$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)	
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive	rporations , g	

Tallahassee, FL 32301

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS OF

The Colbert L ( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	aw Firm, LLC ny as it now appears ( Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL10000018986	were filed on	02/19/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
N/A The new name must be distinguishable and end with the words "Limi" L.L.C."		" the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:	8751 W. Broward Boulvard		
(Principal office address MUST BE A STREET ADDRESS)	Suite 210		
	Plantation, Flor	da 33324	
Enter new mailing address, if applicable:	8751 W. Browa	rd Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 210		
	Plantation, Florida 33324		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our <u>e</u> :	records, enter th	e name of the new
Name of New Registered Agent: N/A			
New Registered Office Address:	<del></del>		
	Enter Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STUDINISION OF CORPORT  12 APR 17 AM 10
			- J. 50
Dated	April 12 2012	T. Collect, Monoging 1	Member
	Dia T	r authorized representative of a member  Colored  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00