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J. BRYAN
SEP 2 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	rations	
SUBJECT:	Colostein and AssociAtes LC Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
· .	JOE CAMPbell Name of Person 1	
	Colostein and AssociAtES LLEG ST THE Firm/Company	:
	2800 Windguard Cir. StE. 101 Address	ぅ
	Wesley Chepel, Fla 33544 City/State and Zip Code	
-	golostein Q goldstein and associates group. com E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
JOE Camp Name of Pe	at (813) 991-1444 Area Code & Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	OF		発えて
<u>Codostein</u> a	nd Associates	21c	ASSEE TO BE
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)	r. 53
The Articles of Organization for this Limited Liability	Company were filed on	6-8-2010	and assigned
Florida document number L1000001427			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	£724.	, Florida _	Zip Code
	City		гір Соае

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager ' = Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Autonio Johnson	2800 Winguard Ce. Ste. 101 Wesley Chapel. Flg. 33544	Add Remove
NGR	LAVEHE Johnson	2800 Windguard Co. Str. 101 Westey Chapel. Fla 33514	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary	
		ULAHASSE	
Dated	9-20-2010 Sept-20, 20	<u>10</u> .	PH : 53
		per or authorized representative of a member	
	Type	ed or printed name of signee	

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Filing Fee: \$25.00