

**L10000100903**

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(City/State/Zip/Phone #)

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**12 SEP 21 PM 2:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Columbus Investments Co LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Glenn Davis

(Contact Person)

Columbus Investments Co LLC

(Firm/Company)

8608 Dolce Vita Lane

(Address)

Odessa, FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

Glenn Davis

(Name of Contact Person)

at ( 813 ) 920-1092

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Columbus Investments Co LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn Davis

Name of Person

Columbus Investments Co LLC

Firm/Company

8608 Dolce Vita Lane

Address

Odessa, FL 33556

City/State and Zip Code

glenn@4nextstep.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn Davis

Name of Person

at ( 813 ) 920-1092

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

**Columbus Investments Co LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/27/10 and assigned  
Florida document number L10000100903.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*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 Changing Registered Agent, Signature of New Registered Agent

FILED  
12 SEP 27 2010  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Bernstein	405 S. Dale Mabry Highway, Ste #391 Tampa, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tammy Davis	8204 Hunters Ridge Trail Tallahassee, FL 32312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tammy Lee	3044 Adiron Way Tallahassee, FL 32317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John A. Byczek	14608 Dartmoor Lane Tampa, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gary J. Yates	6000 Boynton Homestead Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Barry R. McGuane	8446 Ridgebrook Circle Odessa, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 27th, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Glenn Davis

\_\_\_\_\_  
Typed or printed name of signee