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SECRETARY OF STATE
AND AND SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

SUBJECT:	*					
	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		AYSHE KADIR				
	Name of Person					
	COLOSSAL INVESTMENTS LLC					
	Firm/Company					
	4440 PGA BOULEVARD, SUITE 600					
	Address					
	PALM BEACH GARDENS, FL 33410					
	City/State and Zip Code					
	INFO@A3ENTERPRISES.COM E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please c	•	nt tiotification)			
ror tururer information (concerning uns matter, piease c	ali,				
AY	SHE KADIR	at (_561)	427 7246			
Name of Person		Area Code &	Daytime Telephone N	lumber		
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Cenclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional 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

COLOSSAL INVESTMENTS LLC

FILED

11 AUG 16 PH 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	12/27/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited Liability Comp"L.L.C."	any," the designation "L	LC" or the abbreviation
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 registered agent and/or the new registered office address here:	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		Windows
New Registered Office Address:		
E	nter Florida street addr	ess

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.

City

Zip Code

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>	Address	Type of Action				
MGR	AYSHE KADIR	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
	· · · · · · · · · · · · · · · · · · ·		Add Remove				
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	FILED 11 AUG 16 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Dated	5TH AUGUST , 201	1					
	Signature of a member of	r authorized representative of a member					
		YSHE KADIR					
	Typed or printed name of signee						

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Filing Fee: \$25.00