## 111000066584

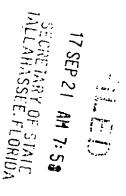
(Requestor's Name)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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## COVER LETTER

TO:

Registration Section

Division of Corporations		porátions '		
SUBJECT:	10109 E Co	lonial Drive LLC		
		Name of	Limited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are	submitted for filing.	
Please return	all correspon		tter to the following:	
		Bridgit Land		
			Name of Person	
			LLC	
		<u></u>	Firm/Company	
			treet	
			Address	<del> </del>
		Orlando, FL 32805		
			City/State and Zip Code	
		corporateoffice1216@gi		
		E-mail addre	ss: (to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, pleas	e call:	
Bridgit Land			407 420-6522 at ( )	
Name of Person		Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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		ation Section n of Corporations ix 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10109 E Colonial Drive LLC (Name of the Limited Liability Company as it now appears on our records.)
[(A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_L11000066584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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 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

or removed	g Authorized Person(s) authorized from our records:	to manage, <u>enter the title, name, and a</u>	address of each person being adde
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CRISANTE, JEANEEN S	1216 W. Washington Street	
		Orlando, FL 32805	■ Remove
	1		☐ Change
			☐ Remove
			☐ Change
		<del></del>	□ Remove
			Change
			□ Add
			☐ Remove
			Change
		- <u> </u>	
			☐ Remove
			Change
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			Change

D. If amending any other information, enter	change(s) here: (Attach additional sheets. if necessary.)
<u> </u>	
	1 TAL
	CRE AHA
	SSE
	PS A T
	7: 5 ORIGI
E. Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(but meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is file	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated 9/18  While Signature of	member or authorized representative of a member
Michael C Crisante, Jr	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00