

L1100015325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

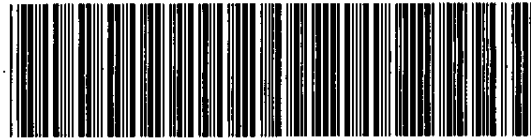
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -2 AM 10:28

FEB -8 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coleworld30, 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:

Norris Cole II

Name of Person

None

Firm/Company

1895 NW 57th Street

Address

Miami, FL 33142

City/State and Zip Code

dianecole_5@hotmail.com

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

For further information concerning this matter, please call:

Norris Cole II

Name of Person

at (937)

2199699

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -2 AM 10:28

Coleworld30, 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 10/07/2011 and assigned
Florida document number L11000115325.

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:

50 biscayne blvd apt #4611

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33132

Enter new mailing address, if applicable:

50 biscayne blvd apt #4611

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33132

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:

Norris Cole II

New Registered Office Address:

50 biscayne blvd apt #4611

Enter Florida street address

Miami

Florida

33132

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.

Norris Cole II

If Changing Registered Agent, Signature of New Registered Agent

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

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Dated _____

** [Signature]*

Signature of a member or authorized representative of a member

Typed or printed name of signee