112000078447

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	. .
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



600295404446

02/16/17--01012--019 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations



February 20, 2017

ELIZABETH COLLIER 13390 WILLIAM MYERS CT PALM BEACH GARDENS, FL 33410

SUBJECT: COLLIER ENTERPRISES, LLC

Ref. Number: L12000078447

We have received your document for COLLIER ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 517A00003283

-www.summz.org

Division of Cornerations - P.O. BOX 6327 -Tallahassee, Florida 3231.

COVER LETTER

TO: Registration Sec Division of Corp			
	Collier le	gacy Planning	LLC.
SUBJECT:		ited Liability Company	1
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	·
	Elizabi	eth Collier Name of Person	
		Name of Person	•
	Collie	r Legacy Plann	Wing t. 33410 Grication) 1714 The Telephone Number \$60.00 Filing Fee, Certificate of Status &
	•		
	13390 Wi	Iliam Myers C	
		7 Iddi 655	
	Polm Beac	ch Gardens, Fr	33410
		City/State and Zip Code	····
	E-mail address: (Her & Me.Com	ication)
For further information co	oncerning this matter, please ca		,
	- L.	_	1714
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Collier Leg	acy Plannin	g, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re- liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIQ ØØØØ 78 U</u> U 7	were filed on OG/11	2012 and assigned
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited liab	ility company here:	sky Tek Unmanne
Collier Enle	rorises, LLC	LIC
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		SEC 17
Enter new mailing address, if applicable:		HAR -2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	,	
	Enter Florida street ad	daress
· 	· City	, Florida
N. D. La J. A. Cl. at a School Britain Access	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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
	·		□ Remove
			Change
			□ Add
			□ Remove
			Change
		· .	Add
			□ Remove
	•		Change
			Add
	•		Remove
			☐ Change
	·		Add
			Remove
			□ Change
			□ Remove
			☐ Change

		· · · - · · · · · · · · · · · · · · · ·		_
				_
_				_
				_
	-			-
_				_
				_
				_
_				
_				_
		 ;		-
	·		7 K	
	<u> </u>	HAS	AR -	Name of the last o
		RY C	~	Table vi
	· · · · · · · · · · · · · · · · · · ·	-T	- 1	
_		<u> </u>	<u> </u>	_ Lingue
		7		_
(If an effect Note: It	e date, if other than the date of filing: 2/20/20/7 (optive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the t's effective date on the Department of State's records.	er filing.) Pursu		
	rd specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	a.m. on th	e ear	lier of
Dated _	2/13/2017.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00