12000080512

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	: #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
JAN 2 8: 2013	
L. SELLERS	

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COVER LETTER

	gistration Sect ision of Corpo			,
SUBJECT:	*	· Colfresh		
		Name of Limite	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		/ASO	n Freshwater	5
•		4	Name of Person	
		601	Firm/Company	
			Firm/Company	
		1638 8W.	30ª 8f.	
			Address	
		Cape Co	nul Fl. 33919 City/State and Zip Code	<u>/</u>
			City/State and Zip Code	
		E-mail address: (to	Presh 51@ aol. com be used for future annual report notificati	<u>2</u> (on)
For further is	nformation con	cerning this matter, please ca		,
oc/As	on Fi	resharaters	at (239, 560 · 0) Area Code & Daytime To	73/
	Name of I	Person	Area Code & Daytime To	elephone Number
Enclosed is	a check for the	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

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

Colfresh	LL				
(Name of the Limited Li (A Fl	ability Company as it now appears or lorida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on					
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	' the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicab	le:	,			
(Principal office address MUST BE A STREET.	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	•	records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter 1	Florida street address			
	City	, Florida Zip Code			
	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

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:

MGRM = Ma	anaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	Brantley Griffin	1638 SW 30th 87.	Add
	1	1638 SW 30th 8t. Cape Corol, F1. 3391	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			13 JAJ Add
		• • • • • • • • • • • • • • • • • • •	Remove
		3	F 2: 2:

4.	
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Filing Fee: \$25.00