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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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# **COVER LETTER**

Division of Corporations		
SUBJECT: MANGAN REALTY	+ INVESTMENTS LLC	
	f Limited Liability Company	
	1 to 10 GH	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
James 1	MANGAN	
	Name of Person	
to stood 9	lekiew a	
NANGAN Y	Firm/Company	<u> </u>
12705 807	ill bay ct viader	.nere
	Address	
WINDERMERE	FL 34786	
WINDER COL	City/State and Zip Code	
James, Ma	HEAR DINE, COM	
	ess: (to be used for future annual report not	ification)
For further information concerning this matter, plea	ase call:	
_		
JAMES MAHGAN	at (407) 414 - 11 Area Code Daytin	<u>ዋን</u>
Name of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

**Registration Section** 

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

SECRETARY 3: 34 OF MANGAL REALTY it now appears on our record

	(	SEE, FLORIDA
The Articles of Organization for this Limited	Liability Company were filed on A	ACH IS 3-15 and assigned
Florida document number <u>L15 600645</u>	393	•
This amendment is submitted to amend the fo	ellowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
COLOSSEUM PROPERTI		
The new name must be distinguishable and contain the	e words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u> </u>	
B. If amending the registered agent an registered agent and/or the new registered		our records, enter the name of the ne
entered agent ana/or the new registered	ornee address here.	
Name of New Registered Agent:		
		·
New Registered Office Address:	Enter Floria	la street address
	******	
	City	, Florida

## 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	Anager Authorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address 2017 APR 13 PM 3: 34	Type of Action
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fective date, if other than the date of filin	g: (optional)
in effective date is listed, the date must be specific and	g:(optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of S	
	date, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
. 6001. 2	<b>*</b> * * * * * * * * * * * * * * * * * *
ated APRIL 3	, <u>3017</u> .
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Page 3 of 3

Filing Fee: \$25.00