# 1500501

(Requ	uestor's Name)				
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JAN 13 2016

S. YOUNG

## <sup>3</sup> COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COLHES SECTION 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:
Sany Henriquez
Firm/Company
830 SW 103 TERR, UNH 101
Fembrace Pines, FL 33005
COVIES SEAFOOD OM I. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sany Hank 1907 at 2004 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certifica

#### 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**

<u> CORTES SECTION</u>	d UC
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 09-15-15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	5
	FILE IN THE SECOND SECO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	25
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member **Type of Action** Title **Address** Name 2 JUAN HENRIGUEZ 830 SW103 TERR# Pembooke Pines, FL330 ☐ Change □ Add ☐ Remove Remove ØΊ <sup>C</sup>☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Filing Fee: \$25.00