## L1500191426

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2019 SEP 18 MM 9: 40

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## **COVER LETTER**

Division of Corporations			^
	eal Estate Team, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Zachary Caine Coletti		
		Name of Person	<del> </del>
		Firm/Company	
	1331 Cheltenham St.		
	Sebastian, FL 32958	Address	<del></del>
	zac@colettiteam.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Zachary Coletti		772 418-0777 at ()	
Name	e of Person	Area Code Daytim	e 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

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

(additional copy is enclosed)

RECEIVED

(additional copy is enclosed)

AUG 1 9 2019



August 29, 2019

ZACHARY CAINE COLETTI 1331 CHELTENHAM STREET SEBASTIAN, FL 32958

SUBJECT: COLETTI REAL ESTATE TEAM LLC

Ref. Number: L15000191426

We have received your document for COLETTI REAL ESTATE TEAM LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The document must be signed by a member or an authorized representative of a member.

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

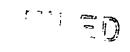
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

2019 SEP 11 MAI1: C

Letter Number: 219A00017932

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP 18 AH 9: 40

Coletti Real Estate Team, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000191426</u> .	y were filed on 11/12/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Zachary Caine Coletti, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1331 Cheltenham St.	
(Principal office address MUST BE A STREET ADDRESS)	Sebastian, FL 32958	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1331Cheltenham St. Sebastian, FL 32958	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:  New Registered Office Address:		
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	•

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

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

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tonya Coletti	1331 Cheltenham St.	
	<del></del>	0.1 1 77 20060	□ Add
		Sebastian, FL 32958	■ Remove
			■ Remove
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			Remove
			Change

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Zachary Caine Coletti		Signature of a member or authorized representative of a member
•	Zachary Caine Cole	<b>i</b>

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Filing Fee: \$25.00