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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
MINISTER FLORING

NOV 1 9 2018 S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|----------|
| SUBJECT: Colaboration Realty Development 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: | |
| Alan Book | |
| Name of Person | |
| Colaboration Realts Firm/Company | |
| 393 OLD Country Al Suite 300 | |
| Carle Place XXX 1/5/1 En & | |
| City/State and Zip Code Nume/al | |
| E-mail address: (to be used for future annual report notification) | η |
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| A. Rock | <u> </u> |
| Name of Person Area Code Daytime Telephone Number | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee Solution Status Status Status Scortificate of Status Certified Copy (additional copy is enclosed) S60.00 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

| Colaboration Roal (Name of the Limited Liability Company (A Florida Limited Liability Company) | as it now appears on our records.) billity Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company w Florida document number | ere filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability Collaboration The new name must be distinguishable and contain the words "Limited Liability | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: | ce address on our records, enter the name of the new |
| registered agent and/or the new registered order address nere. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | finer Florida street address |
| | Florida 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

Page 1 of 3

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 = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated 10->4-18 Signature of a member or authorized representative of a member |
| Alan Book Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00