

2160000018271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

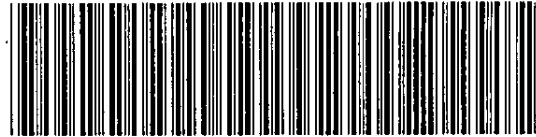
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JUL 25 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2016

SHARLOTTE HENDERSON  
105 NORTH EDWARDS STREET  
PLANT CITY, FL 33563

SUBJECT: B-RAWW LLC  
Ref. Number: L16000018271

We have received your document for B-RAWW 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.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 616A00014615

2016 JUL 25 PM 3:53  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Colee's Enterprise, 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:

Charlotte Henderson

\_\_\_\_\_  
Name of Person

Colee's Enterprise, LLC

\_\_\_\_\_  
Firm/Company

105 North Edwards Street

\_\_\_\_\_  
Address

Plant City, FL 33563

\_\_\_\_\_  
City/State and Zip Code

coleesenterprise@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Henderson

813  
at ( )

754-9868

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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  
(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**

B-RAWW LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/26/2016 and assigned  
Florida document number L16000018271.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Colee's Enterprise, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

105 North Edwards Street

**(Principal office address MUST BE A STREET ADDRESS)**

Plant City, FL 33563

**Enter new mailing address, if applicable:**

P.O. Box 5561

**(Mailing address MAY BE A POST OFFICE BOX)**

Plant City, FL 33563

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Charlotte Henderson

New Registered Office Address:

105 North Edwards Street

*Enter Florida street address*

Plant City

, Florida 33563

*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.*



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brandon Z McKoy	1261 RENAISSANCE DR 4-105B	<input type="checkbox"/> Add
		ORLANDO, FL 32826	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charlotte Henderson	105 NORTH EDWARDS STREET	<input checked="" type="checkbox"/> Add
		PLANT CITY, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated JULY 5TH, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee