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D. SCOTT SEP 1 5 2017

## **COVER LETTER**

	stration Sec sion of Corp					
	COLUMBIA	A MANAGEMENT LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed a	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspor	ndence concerning this matter	to the following:			
		PAULA MONTOYA				
		<del> </del>	Name of Person			
		PAULA MONTOYA LAV	W LLC			
			Firm/Company			
		5323 MILLENIA LAKES	BLVD, STE 300			
			Address			
		ORLANDO, FL 32839				7 17
			City/State and Zip Code			
		PAULA@PAULAMONTO				ئىلىدى. -
		E-mail address: (	to be used for future annual i	report notification	n)	
For further inf	formation co	oncerning this matter, please ca	all:			٠, ٦
PAULA MON	AYOTA			6-9126		
	Name of	Person	at () Area Code	Daytime Telep	phone Number	<del>-</del> -
Enclosed is a	check for th	e following amount:				
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		Section 500 Strains I Section 10	Status & y
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	Registrati	T/COURIER A ion Section of Corporations uilding		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## COLUMBIA MANAGEMENT LLC

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

(A Flori	ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L16000044105	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office address.	gistered office address on our records, <u>enter the name of the new</u> ldress here:
Name of New Registered Agent:	=======================================
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code N
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability e.

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>	Name	Address	Type of Action
MGR	MARTONIO PINTO	7751 KINGSPOINTE PKWY 124	<b>⊟</b> Add
		ORLANDO FL 32819	☐ Remove
			☐ Change
MGRM	Columbia Empreedimentos e Part. L4d4.	7751 KINGSPOINTE PKWY 124	Add
		ORLANDO FL 32819	■ Remove
			☐ Change
			□ Remove
			Change
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	's effective date on									-3
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		Sign	nature of a m	icanher (4)	will proved re	presentative	of ≰membe	er		

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