## 16000151799

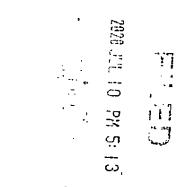
(Re	equestor's Name)			
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AUG 21 2020 S. YOUNG

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor					
CUDIECT	Collateral D	Damage, LLC				
SUBJECT	•	Name of Limi	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Clark A. Stillwell				
		<del></del>	Name of Person			
		Law Office of Clark A. Sti	llwell			
			Firm/Company			
		PO Box 250				
	Address					
		Inverness, Florida 34451				
			City/State and Zip Code			
		louann32@aol.com				
For further	information c	e-mail address: (i oncerning this matter, please ca	to be used for future annual report	nonneation)		
Carla Ven	ard		352 726-676			
Name of Person		at () Area Code Da	ytime Telephone Number			
Enclosed i	s a check for th	ne following amount:				
□ \$25.00	) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	lailing Addres		Street Address  Pagietration			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collateral Damage, LLC

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

	••			
he Articles of Organization for this Limited Liability Company	were filed on 08/15/2016 and assigned			
lorida document number L16000151799				
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil				
, and the second				
Inter new principal offices address, if applicable:	1242 S Cove Camp Point			
Principal office address MUST BE A STREET ADDRESS)	Inverness, Florida 34450			
Enter new mailing address, if applicable:	1242 S Cove Camp Point			
Mailing address MAY BE A POST OFFICE BOX)	Inverness, Florida 34450			
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regist			
agent and/or the new registered office address here:				
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.

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

or removed from our records:	•	.,		 	
MGR = Manager AMBR = Authorized Member					

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
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			□Remove
			☐Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ \_ (optional) (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)(b) 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 \_\_ July 7 Signature of a member or authorized representative of a member Lou Ann Jacobs Typed or printed name of signee