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(Re	equestor's Name)	
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SELVETARY OF STORE

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то:	Registration Se Division of Cor				
0.110.1	ANDRES	COLIN ENTERPRISES LLC			
SUBJ	ECT:	Name of Lin	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		ALAN ANDRES COLIN			
			Name of Person		
		ANDRES COLIN ENTER	RPRISES LLC		
			Firm/Company		
		3328 SPRING MILL CIR			15 DEC 16
			Address		56
		SARASOTA, FL 34239	•		ص
			City/State and Zip Code	73.00	PH
		ANDRESCOLIN@GMAII			ų: 03
			to be used for future annual report	notification)	ယ
For fu	rther information c	oncerning this matter, please c	all:		
ALAN	NANDRES COLI	N	941 7355766 at ()		
	Name o	f Person	Area Code Day	ytime Telephone Number	
Enclos	ed is a check for th	ne following amount:			
\$2	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Registr	ING ADDRESS: ation Section	STREET/COU Registration Se		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRES COLIN ENTERPRISES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000214754	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	3328 SPRING MILL CIR	
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34239	
	No. of the Control of	2 三头
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Enter new mailing address, if applicable:		197
(Mailing address MAY BE A POST OFFICE BOX)		7
		- :
		ω (7)
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		he name of the new
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 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>	Address	Type of Action
VP	KRISTEN COLIN	3328 SPRING MILL CIR ,	
		SARASOTA, FL 34239	■ Remove
			Add
			□ Remove
			□ Change
		194.1994	□ Adds
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