L16000220486

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ст: <u>Солом</u>	BIAN MINES Name of Lim	ited Liability Company	<u>. </u>
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Wis Ferr	Address	1th 5t- svite 80
		E-mail address: (1	to be used for future annual report notif	fication)
For furt	her information co	oncerning this matter, please ca	all:	
h	Name of	CU EIZO FPerson	at (786) 641. Area Code Daytime	2347 c Telephone Number
Enclose	d is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLOMBIAN MINES

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

(Name of the Limited L (A F	iability Com lorida Limite	pany as it now appears on our d Liability Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L16000220</u>	ity Compar (86.	by were filed on $17/06$	-2016	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited lia	bility company here: 4		
COLEMERALD LL. C. The new name must be distinguishable and contain the words				
The new name must be distinguishable and contain the words	"Limited Lial			
Enter new principal offices address, if applicable	::	36 NE ITI MAMI-F	1 ST, 5	<u>vare 803</u>
Principal office address MUST BE A STREET A	DDRESS)	MIAMI-F	<u> </u>	ر ۲
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			<u> </u>
B. If amending the registered agent and/or regis		e address on our records,	enter the name o	of the new registered
Name of New Registered Agent:	wis	FERN ANDO	acco	
New Registered Office Address:		Enter Florida street		·····
		v.mer r torida street	aaaress	
_			, Florida	
		City		Zip Code

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

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
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			Remove
		 	Change
			□ Add
			Remove
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			Change
			□Add
			□Remove
			Channe

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n effecti ote: If	e date, if other than the date of filing: 10-26-20 (optional) (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
ecord s	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
	10-26-2021.
	Signature of a member or anthorized representative of a member CUEIZO RENGIA. Typed or printed name of signee