

L17000106173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

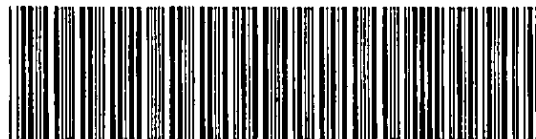
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. SCOTT

JUL 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2017

SANTIAGO ACOSTA CANO
1410 SUMMIT PINES BLVD
APT 911
WEST PALM BEACH, FL 33415

SUBJECT: COLSAC LLC
Ref. Number: L17000106173

We have received your document for COLSAC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00013115

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2017 JUL 13 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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17 JUL 13 PM 3:50
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLSAC 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:

SANTIAGO ACOSTA CANO
Name of Person
COLSAC LLC
Firm Company
1410 SUMMIT PINES BLVD APT 911
Address
WEST PALM BEACH FL 33415
City State and Zip Code
SANTIAGO.1595@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO ACOSTA CANO
at (561) 412 7530
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COLSAC 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 05/12/2017 and assigned
Florida document number L17000106173

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARLOS A ACOSTA LOPEZ	1410 SUMMIT PINES BLVD	<input type="checkbox"/> Add
		APT 911	<input type="checkbox"/> Remove
		WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change
AMBR	SANTIAGO ACOSTA CANO	1410 SUMMIT PINES BLVD	<input checked="" type="checkbox"/> Add
		APT 911	<input type="checkbox"/> Remove
		WEST PALM BEACH FL 33415	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
JAN 11 2011
FEB 11 2011
MAR 11 2011
APR 11 2011
MAY 11 2011
JUN 11 2011
JUL 11 2011
AUG 11 2011
SEP 11 2011
OCT 11 2011
NOV 11 2011
DEC 11 2011

[illegible]

6/19/2017

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.

1-11-77
Jul 13 PM 3:50

JUNE 19

2017

Typed or printed name of signee