L17000 163214

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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1/22/21

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations | |
|---|---|
| SUBJECT: COLFISH CO | 1940 CTON LLC Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are s | submitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| Rack | hel Holcomb Name of Person |
| catf | Firm/Company LLC |
| | Balsa Road |
| | Pierce Fl 34946 City/State and Zip Code |
| rachol 6 (E-mail address | catfixhdeselomoutsolutions.com |
| For further information concerning this matter, please | e call: |
| Rachel Holcomb | at (32) 750-9025 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations | Division of Corporations |

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Coffish Co | refruction_ | LLC |
|---|--|-------------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our reclability Company) | <u>coras.)</u> |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700016321</u> 4. | were filed on <u>DT</u> 3 | 1 20 7 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | | 920 DE |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 327 Magr Herritt Is | nolia Ave m FI 3agsa |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>er</u> | nter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street ac | Adress |
| | | , 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:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** 327 Magnalia Ave Madd
MT, FL 32952

Remove MGR David Lickliter Change □ Remove _____ □Change □ Remove _____ Remove

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| fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of tote: If the date inserted in this block does not meet the applicable status cument's effective date on the Department of State's records. | |
| ecord specifies a delayed effective date, but not an effective time, at 12: is filed. | :01 a.m. on the earlier of: (b) The 90th day after the |
| ted 12/04/2020 Harly Holomb | - |
| Signature of a member or authorized repre | esentative of a member |
| | |