LI7 000180639

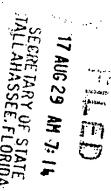
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300303039753

08/29/17--01025--003 **25.00



COVER LETTER

TO:	Reg Div	istration Se ision of Cor	ction porations				
arin i	r or	Collins and	Company Fine Homes LLC				
Name of Limited Liability Company							
The e	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return	all correspo	ndence concerning this matter	to the following:			
			Deborah Collins				
				Name of Person			
Collins and Company Fine Homes LLC							
Firm/Company							
			140 Lanman Road				
				Address			
			Niceville, FL 32578				
				City/State and Zip Code			
			CCFineHomes@gmail.com				
For fu	ırther ir	nformation co	e-man address: (to be used for future annual report notifi all:	cation)		
Debo	orah Co	llins		850 375-0555			
		Name o	f Person		Telephone Number		
Enclo	sed is a	check for th	ne following amount:				
■ \$2	25.00 F	iling 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:

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collins and Company Fine Homes LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on August 23, 2017	and assigned
Florida document number L17000180639		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u></u>	
	 -	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Muning dudiess MAT DE AT OST OFFICE BOXY		
B. If amending the registered agent and/or register	red office address on our records, ente	er the name of the ne
registered agent and/or the new registered office addre		SE SE
		A.F.
Name of New Registered Agent:		AA S
		SE SE
New Registered Office Address:	Enter Florida street address	
		[S] # F
	, Florida _	
	City	Zip €ode

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
MGR	Jeffery D Adamson	155 Indigo Loop Miramar Beach, FL 32550 850-217-8869	⊟ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
		····	Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			□ Change

									
<u> </u>									_
				· <u></u>		-			_
									_
	·	·							
									_
				·· · ··					_
							, Ž.		•
	<u></u> .						33.	7	_
- "							<u>₹</u> #	<u> </u>	_ 6300 6 4
							SSI	29	George (*)
							E E F	AM	_][7
						,	STA	4.	
							ROA	<u> </u>	_
				·			⇒		_
								-	_
ffective date, if other than	ı the date of fili	no:				(optio	ıal)		
an effective date is listed, the dat	e must be specific a	nd cannot be				days after f	iling.) Pursu		
lote: If the date inserted in the ocument's effective date on the control ocument of the date on the local ocument.				statutory II	ling require	ments, this	iate will n	ot be it	sted as
e record specifies a del			t not an	effectiv	e time, at	12:01 a.	m. on th	e ear	lier of:
The 90th day after the									
Pated August 24 Deborah Co Deborah Collins		2017							
ated		_,	 •						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00