## L17000180639

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## COVER LETTER

Division of Corp			
SUBJECT: Collins ar	nd Company Fine Homes	s, LLC	
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Deborah Colli		
		Name of Person	
	Collins and Con	mpany Fine Homes, LLC	
		Firm/Company	
	140 Lanman Ro	ad	
		Address	
	Niceville, FL 325		
	CCFineHomes@	City/State and Zip Code egmail.com	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	11:	
Deborah Collin Name of		at (_850-37\$-0555 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Collins and Company Fine Homes, 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 Comp Florida document numberL17000180639	any were filed on A	ugust 23, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	iability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	<u>here</u> :	our records, enter	
New Registered Office Address:	D		
		ida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•		•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of t as provided for in C	my duties, and I am f hapter 605, F.S. Or,	familiar with and if this document is
īf	Changing Registered Age	ent. Signature of New Re-	oistered Avent

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>	Type of Action
AMBR	Deborah Collins		
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. Effective date, if other than (If an effective date is listed, the date	must be specific a	and cannot be prior	to date of filing o	r more than 90 day	( <b>optional)</b> s after filing.) Pur	suant to 605.0207 (3)(
Note: If the date inserted in the document's effective date on the			ible statutory fi	ling requirement	s, this date will	not be listed as the
f the record specifies a dela b) The 90th day after the			t an <b>e</b> ffectiv	e time, at 12	01 a.m. on	the earlier of:
Dated September 15		h Collins	·			
	Dehora	h Collins				

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Typed or printed name of signee

Filing Fee: \$25.00