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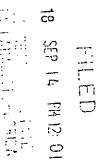
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COVER LETTER

TO:	Registration Se Division of Cor			
CUD	COL P.J.A.			
SUBJ	JECT:		ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		ORLANDO PAMPLONA		
			Name of Person	
		COL P.J.A. LLC		
			Firm/Company	
		3724 PATIO CT		
			Address	
		LAKE WORTH FL 33461		
			City/State and Zip Code	
		orlando-pamplona@hotmai		
		E-mail address: (to be used for future annual report notific	ation)
For fi	irther information co	oncerning this matter, please ca	all:	
ORL	ANDO PAMPLON	A	561 723-7152 at ()	
	Name o	f Person	Area Code Daytime 1	Felephone Number
Enclo	sed is a check for th	ne 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

COL. P.J.A. LLC.		
(Name of the Lim	ted Liability Company as it now appears on our records (A Florida Limited Liability Company)	.)
he Articles of Organization for this Limited I	iability Company were filed on 08/05/2018	and assigned
orida document number L18000187034		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability company here:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	 	
nter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE	BOX)	
	<u> </u>	
t. If amending the registered agent and egistered agent and/or the new registered of	or registered office address on our records ffice address here:	, enter the name of the
Name of New Registered Agent:	ORLANDO PAMPLONA	
New Registered Office Address:	3724 PATLO CT Enter Florida street address	
	LAKE WORTH , Flo	

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>	Type of Action
AMBR	ORLANDO PAMPLONA	3724 PATIO CT LAKE WORTH FL 33461	■ Add
			☐ Remove
-			☐ Change
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ective date, if other than the d	ate of filing:	(optional) r more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this bloc	k does not meet the applicable statutory fil	ing requirements, this date will not be listed:
ument's effective date on the Dep	artment of State's records.	
record specifies a delayed he 90th day after the reco		e time, at 12:01 a.m. on the earlier
he John day after the reco	d is med.	
Sempember 4th	2018	
eu		
	March	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00