L18000215462

(Requesto	de Nama)	
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PICK-UP	WAIT MA	IL
(Business	Entity Name)	
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Certified Copies	Certificates of Status	
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08/02/21--01032--017 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
Colslate De	velopers LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
*	Collin Forde		
		Name of Person	
	Colslate Developers LLC		
		Firm/Company	
	6742 Forest Hill Blvd, #38	2	
		Address	
	Greenacres, FL, 33413		
		City/State and Zip Code	At
	kevin_slater(a_colslate.com	,	
r e d i e di di		to be used for future annual report	notification)
	concerning this matter, please c		
Collin Forde		321 208-211 at ()	
Name o	of Person	Area Code Day	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address Registration	
Division of C		Division of	Corporations
P.O. Box 633			of Tailahassee
Tallahassee,	FL 32314	2410 N. Mo	nroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L18000215462	were filed on <u>09/10/2018</u> :	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation	is "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6742 Forest Hill Blvd. #	382, Greenacres, FL. 33413
(Principal office address MUST BE A STREET ADDRESS)		29
	11	- E
Enter new mailing address, if applicable:	6742 Forest Hill Blvd #	382, Greenacres, Fl., 33413
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	taddress
		, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Collin Forde	6742 Forest Hill Blvd, #382, Greenacres, FL, 33413	= Add
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			□Remove
			□Change
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ective date, if other than the	date of filing:		(optional) Days after filing) Pursuant to 605,020
reflective date is listed, the date mute: If the date inserted in this b	st be specific and cannot be prior to lock does not meet the applical	o date of filmg or more than 90 ble statutory tiling requirer	pents, this date will not be listed a
cument's effective date on the D	epartment of State's records.		
	e date, but not an effective tin	ie, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
s filed.			
July 29th ted	2021		
ted	·	 	
	مد سر جسد		

Filing Fee: \$25.00

Typed or printed name of signee