

U8000225682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

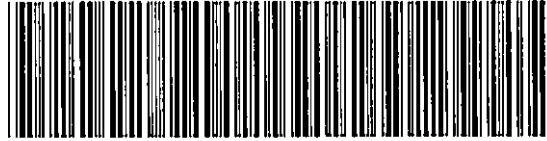
(Business Entity Name)

(Document Number)

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2021 NOV 12 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2021 NOV 12 PM 3:00  
TALLAHASSEE, FLORIDA

Quik Courier

Requester's Name

400 Capital Circle SE 18267

Address

Tallahassee, FL 32301

City/State/Zip

Phone

850-284-4584

Patricia

305-510-6870

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Please Do not put Quik

(Corporation Name)

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COURT'S name on cover

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☐ Certificate of Status

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COLIBRI 4 HOLDINGS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Tables, Esq.

\_\_\_\_\_  
Name of Person

Tables Law Group, P.A.

\_\_\_\_\_  
Firm/Company

3475 Sheridan Street, Suite 301

\_\_\_\_\_  
Address

Hollywood, Florida 33021

\_\_\_\_\_  
City/State and Zip Code

tableslawgroup.patty@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Martinez

305 510-6870  
at ( ) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COLIBRI 4 HOLDINGS 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 Company were filed on September 17, 2018 and assigned Florida document number L18000225682.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

2021	NOV 12 AM 8:15
SHERIDAN STREET	
SUITE 301	
HOLLYWOOD, FL 33021	

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: TABLES LAW GROUP, P.A.

New Registered Office Address: 3475 Sheridan Street, Suite 301  
*Enter Florida street address*

Hollywood, Florida 33021  
*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 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>	<u>Type of Action</u>
MBR	REFFREGER BORDES, JUAN I	3268 ALLAMANDA STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOV 12 AM 8:15  
ALT 600-0000

SECRET  
2021 NOV 12 AM 8:15  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**