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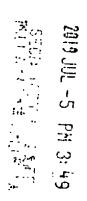
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COVER LETTER

TO: Registration Solution of Co			•
	COLONIAL DRIVE, LLC1270	5	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ASHLEY V. BREWER		
	BREWERLONG PLLC	Name of Person	
	620 N WYMORE RD, ST	Firm/Company E 270	
	MAITLAND, FLORIDA	Address 32751	
	suz020460@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Ashley V. Brewer		407 660-2964	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

12705 W COLONIAL DRIVE, LLC12705

(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 $\frac{06/12/2019}{1}$ and assign Florida document number $\frac{1.19000155949}{1.19000155949}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 12705 W COLONIAL DRIVE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

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 adour removed from our records:

MGR = Manager

Ā	М	BR	<u></u>	Aut	hor	ized	M	em	ber

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	ord specifies a delayed effe 90th day after the record is		ot an effective ti	me, at 12:01 a.m	on the earlier o
Dated .	Jun 26, 2019	2019	<u> </u>		
	and				
	Signat	are of a member or auth-	orized representative of	of a member	
	Ashley V. Brewer, Esq.				
	Mainey V. Diewer, Esq.				

• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00