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## **COVER LETTER**

Division of Corporations	
SUBJECT: COLVERT & COLVERT ENTERPRISES 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:	
CYRANO E. CO VERT JR. Name of Person	
COLVERT É COLVERT ENTERPRISES LLC	-
1798. S. HIAWASSEE ROSTE 61	
OKLANDO, FLORIDA 32835 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CYAANO E. ColvERT JR. at (718) 810-6755  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address:  Registration Section  Registration Section	

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

TO:

Registration Section

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

COLVERT & COLVERT ENTERPRISES 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 v Florida document number <u>L 1900294510</u> .	were filed on DECEMBER, 2, 20 land assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	2022
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	A SSE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
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 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.

Cin

Zip Code

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>	Name	Address	Type of Action
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