# LZO 000035591

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### COVER LETTER

SUBJECT:	COIINS A	VP #1207 , ited Liability Company	LLC
	nendment and fee(s) are sub	-	
Please return all correspond	ence concerning this matter	to the following:	
	Han	Name of Person	
	DAND (	A CASTIAN Firm/Company	CPA
	5327 PR	MYOSE LAKE	e Circle
	Tampa Hannai	FL 33 (0 4 City/State and Zip Code OC. CDOSTIAN ( to be used for future annual report no	7 cpa.com
For further information con-	cerning this matter, please c	·	onic atton)
Hannah Name of P	Noble	at ( <u>Z13</u> ) <u>Q7</u> Area Code Dayti	7, - 2804 me Telephone Number
Enclosed is a check for the	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)
Mailing Address:		Street Address:	

TO:

Registration Section **Division of Corporations** 

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

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



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Letter Number: 720A00006894

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2020

DAVE BASTIAN 5327 PRIMROSE LAKE CIRCLE TAMPA, FL 33647

SUBJECT: COLLINS AVE #1207, LLC

Ref. Number: L20000035591

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must check the type of action for both managers listed. V

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ave :#1207, LL(	<u> </u>
ability Company)	3
vere filed on <u>January 29</u> a 2020	nd assigned )
ity company here:	
#1801, LLC.	
ly Company," the designation "LEC" or the abbrevia	tion "L.L.C."
COMM ()	<del></del>
Same	
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ddress on our records, <u>enter the name of t</u>	he new registe
N/A - Same	
Enter Florida street address	
***	
	Code
	ity company here:  ## 1801, L.C.  y Company." the designation "LLC" or the abbreviation "LLC" or

#### 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.

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mil	Michelle Bryan	712 Diplomat Dewy	DXAdd
		Hallandale Beach	□Remove
		FL 33009	□ Change
MCR	POP BYYAN	same	□Add
		- Already MGR-	□Remove
			Change
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D 11 marnding any other in	formation, enter change(s) here: (Attach additional s	heets, if necessary)
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E. Effective date, if other th	nan the date of filing:	(optional)
Note: If the date inserted in	n this block does not meet the applicable statutory filing request the Department of State's records.	irements, this date will not be listed as the
the econt specifies a d	lelayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of:
	ne record is filed.	
3-6	5-20 2020	
	1/365	
	Signature of a member or authorized representative of a n	nember
The state of the s	BOB BRYAN	·
	Typed or pfinted name of signee	

Page 3 of 3

Filing Fee: \$25.00