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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Section Division of Corporations						
SUBJECT:	COLOMA LLC		20				
	Name of Limi	ted Liability Company	APR 21				
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	20 APR 21 AH11: 30				
Please return all corr	respondence concerning this matter t	to the following:	T: 33				
	MAR	A C. (OLOMA Name of Person					
	(010	MA LLC Firm/Company					
	9711 FON	TAINEBLEAU BLV	D API 104				
		City/State and Zip Code					
	E-mail address: (t	o be used for future annual report not	ification)				
For further informati	ion concerning this matter, please ca	ill:					
	C+ (OLOM A	at (305) 908 C Area Code Daytin	os 300 ne Telephone Number				
Enclosed is a check	for the following amount:						
\$25.00 Filing Fe	ee ☐ \$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)				
<u>Mailing Ac</u> Registrati	Idress: ion Section	<u>Street Address:</u> Registration Se	ection				
Division	of Corporations	Division of Co	rporations				
P.O. Box	6327	The Centre of	l'allahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLOMA L		24 86 6
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records. orida Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liabilit	ty Company were filed on <u>3/16/120</u>	and assigned
Florida document number <u>L20000821</u> &	<u>,9 </u>	• •
This amendment is submitted to amend the following	g:	
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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registon agent and/or the new registered office address here.		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	r ida Zip Code
	• •	<i>v</i> = ···-

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>	Address	Type of Action
MGR	MAPIA C. COLOMA	9711 FONTAINEBLEAUBLVD APT 104 MIAMI FL 33172	[☑Add
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			□Add
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ecord is file		layed effective o	ate, but not ar	n effective tir	me, at 12:01 a.	m. on the ear	lier of: (b)	The 90th day a	fter the
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