La,0000330120

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Greto Suzanne
Suzanne

 \mathbf{c}





600351982116

09/16/20--01007--001 ++25.00

Mar 15 E19:22

C. GOLDEN SEP 1 6 2020

COVER LETTER

TO:	Registration Sc Division of Cor			
eun icz		Enterprises LLC		
SUBJEC	,I; <u> </u>	Name of Lim	nited Liability Company	, ₍₁₎ ,
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Brent C. Lawhon		
		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Name of Person	
		Colby-Co Enterprises LLC	2	
Firm/Company				
		2236 Hickory Court		
			Address	····
		Tallahassee, FL 32305		
			City/State and Zip Code	
		Conner.Colby09@gmail.co		
			to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please c	all:	
Brent C.	Lawhon		850 251-8643 at ()	
	Name o	l Person	Area Code Dayt	ime Telephone Number
Enclosed	l is a check for th	ne 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 5		Street Address: Registration S	Section
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 11 9: 22

Colby-Co 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		and assigned
Florida document number L20000230120	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		the name of the new regis
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	xx
<u></u>		oridaZip Code
	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>	Address	Type of Action
AMBR	Dalton E. Maloy	2034 Larchmont Lane	■Add
		Tallahassee, FL 32305	Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		111 12	Change
			□Add
			□Remove
			Change
			Dⅆ
			□ Remove
			□Change
			□Add
			□ Remove
			Псь

ect	ive date, if other than the date of filing: (optional)
n ef	fective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	rd 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 fled.
15-11	icu.
ted	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Brent C. Lawhon

Filing Fee: \$25.00