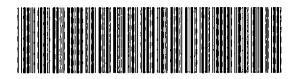
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
Colby-Co	Enterprises LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brent C. Lawhon		
		Name of Person	
	Colby-Co Enterprises LLC		
		Firm/Company	
	2236 Hickory Court		
		Address	· <del>····································</del>
	Tallahassee, FL 32305		
	Conner.Colby09@gmail.co	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Brent C. Lawhon		850 251-8643 at ( )	
Name o	of Person	Area Code Daytin	ne 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colby-Co Enterprises LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000230120</u>	ompany were filed on 08/10/2020	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	20)
		ACH 0402
		N .
Enter new mailing address, if applicable:		17
(Mailing address MAY BE A POST OFFICE BOX)		
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		<del>္ ယ</del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer r tortaa street daaress	
	Florida, Florida	
	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
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Effective date, if other than the date of filing:	nt to 605,0207 () t be listed as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dord is filed.	lay after the
Dated 11/16/2020  Brun C Santo.	
bank a known	
Signature of a member or authorized representative of a member	
Brent C. Lawhon	

•

Filing Fee: \$25.00