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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FORSTER BOUGHMAN & LEFKOWITZ
Account Number : 120140000076
Phone : (407)255-2055
Fax Number : (407)264-8295

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Email Address: Boughman@FBL-Law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLLABORATIVE PARTNERSHIP, LLC

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Fax Server

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October 14, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COLLABORATIVE PARTNERSHIP, LLC
13900 COUNTY RD. 455
STE. 107
CLERMONT, FL 34711US

SUBJECT: COLLABORATIVE PARTNERSHIP, LLC
REF: L20000236672

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000356321
Letter Number: 420A00020215

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER**H20000356321 3****TO: Registration Section
Division of Corporations****SUBJECT:** Collaborative Partnership, 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:

Eric C. Boughman

Name of Person

ForsterBoughman

Firm/Company

2200 Lucien Way Suite 405

Address

Maitland, FL 32751

City/State and Zip Code

Boughman@FBL-Law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric C. Boughman

407

255-2055

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)**MailingAddress:**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**StreetAddress:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**H20000356321 3**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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COLLABORATIVE PARTNERSHIP, 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 were filed on 08/05/2020 and assigned
Florida document number L20000236672.

This amendment is submitted to amend the following:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Eric C. Boughman

New Registered Office Address: 2200 Lucien Way, Suite 405
Enter Florida street address

Maitland, Florida 32751
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffrey Harrington	100 S. Olive Ave.	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Lawson	13900 County Rd. 455, Suite 107	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective 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 605.02407 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated October 14

2020



Signature of a member or authorized representative of a member

Eric Boughman, Authorized Agent

Typed or printed name of signee

Filing Fee: \$25.00

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