

L200000273545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

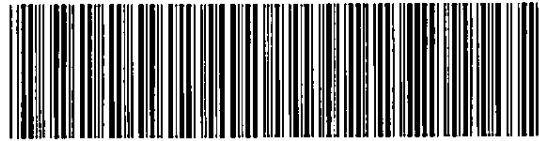
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700441638177

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2025 JAN -2 AM 9:15

FILED

2025 JAN -2 PM 1:19

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/02/2025

Acc#120160000072

en: c DW

Name:	Colgan Simon, LLC
Document #:	
Order #:	16067689

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Colgan Simon, 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:

Emily Ernst, Paralegal

Name of Person

Dentons Sirote PC

Firm/Company

2311 Highland Ave. S, Suite 500

Address

Birmingham, AL 35205

City/State and Zip Code

tyler@colgansimon.com

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

For further information concerning this matter, please call:

Emily Ernst

205 930-5351
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)

Mailing Address:

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

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2025 JAN -2 AM 9:15

Colgan Simon, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

LAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 2, 2020 and assigned
Florida document number L20000273595.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Colgan Studio, LLC

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:

384 Seacrest Drive

(Principal office address MUST BE A STREET ADDRESS)

Inlet Beach, FL 32461

Enter new mailing address, if applicable:

384 Seacrest Drive

(Mailing address MAY BE A POST OFFICE BOX)

Inlet Beach, FL 32461

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:

David Colgan

New Registered Office Address:

384 Seacrest Drive

Enter Florida street address

Inlet Beach

City

Florida 32461

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>	<u>Address</u>	<u>Type of Action</u>
MGR	David Colgan	384 Seacrest Drive	<input checked="" type="checkbox"/> Add
		Inlet Beach FL 32461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lesly S. Simon	384 Seacrest Drive	<input type="checkbox"/> Add
		Inlet Beach, FL 32461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elizabeth T. Colgan	384 Seacrest Drive	<input type="checkbox"/> Add
		Inlet Beach, FL 32461	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

2025 JAN -2 AM 9:13
TALLAHASSEE, FLORIDA

2025 JAN -2 AM 9:15
TALLAHASSEE, FLORIDA

7777

(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 605.0207 (3)(b)

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 December 31, 2024

CTC

Signature of a member or authorized representative of a member

Elizabeth T. Colgan

Typed or printed name of signee

Filing Fee: \$25.00