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## **COVER LETTER**

TO:	Registration So Division of Con				
SUBJEC	COLONIA	AL CONSULTANTS & NOTA	RY SERVICES, L.L.C.		
SUBJEX	C1:	Name of Lin	nited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	undence concerning this matter	to the following:		
		Christian J Vasconcellos			
			Name of Person	<del></del>	
		COLONIAL CONSULTA	NTS & NOTARY SERVICES, L.L.	С.	
	Firm Company				
	710 Pondella Rd, Suite 7 PMB 2101				
	Address				
		N Ft Myers., FL 33903			
			City/State and Zip Code		
		cvasconcellos@my-cens.cc			
		E-mail address: (	to be used for future annual report notific		
For furth	ter information c	concerning this matter, please o	all:	023 TA	
Christia	n Vasconcellos		239 896-5703	SECTALL THE PROPERTY OF TALL AND TELEPHONE Number	
	Name o	n' Person		$\sim$	
Enclosed	l is a check for th	he following amount:		PH 1: 03	
<b>≡</b> \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Sect Division of Corpo		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLONIAL CONSULTANTS & NOTARY SERVICES, L.L.C. (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 11/23/2020 and assigned Florida document number \_\_\_\_\_L20000369904 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 "LLC." 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: New Registered Office Address: Enter Florida street address , Florida

## 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.

Cire

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>	Name	Address	Type of Action
MGR	Kevin Martin	710 Pondella Rd	<u></u> ≣Add
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		North Ft Myers, FL 33903	□Change
			Remove
			□Change
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record specifies a delayed ef Lis filed.	fective date, but	not an effectiv	e time, at 12:01	a.m. on the earlie	r of: (b) The 9	0th day after the	
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