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21 DEC -2 PH 3: 30

T. MATTHEWS DEC 13 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COLEMAN INVESTMENTS ENTERPRISES 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:
MARILOU COLEMAN Name of Person
COLEMAN INVESTMENTS ENTEPRISES LLC Firm/Company
1850 WASHINGTON STREET
HOLLYWOOD FLORIDA 33020 City/State and Zip Code
Colemaniquest mentsenterprises 6 amail com. 12-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARILOU COLEMAD at (203) 243 · 1972 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 21 DEC -2 PN 3: 30

COLEMAN INVEST (Name of the Limited)	MEDIS (ENTERPRISE:	s LLC	
(Name of the Limited)	Florida Limited Lia	bility Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L2100032</u>	• •	ere filed on07 ·	-14 - 20	21 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabili	ty company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designati	on "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u> .			
	-			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regi agent and/or the new registered office address b		dress on our records	, enter the nan	ne of the new registered
Name of New Registered Agent:	MARIL	ou Colén	MAN	
New Registered Office Address:	1850 W	ASHINGTON Enter Florida stree		
	Hou	Y WOOD City	, Florida	33020 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 = Man AMBR = Aut	nager horized Member		н .		
<u>Title</u>	Name	Address	21 DEC -2	P:1 3: 30	Type of Action
MGR	MARÍLOU COLEMAN	1850 WASHIN	3670D 5	TREET	[J/Add
		Hourwoo	D FL.	33020	□ Remove
					□Change
		-			□Add
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(If an effect Note: If	date, if other than the date of filing:
ord is filed	
Dated	NOVEMBER 24 . ZOZI
	November 24 . 2021. Mailon Coleman Signature of a member or authorized representative of a member
	MARILOU COLEMAN Typed or printed name of signee