

L21000464459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

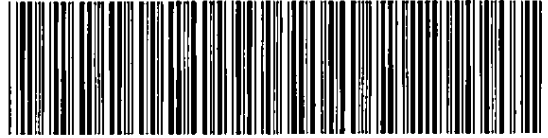
(Business Entity Name)

(Document Number)

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04/24/23--01018--009 **25.00

FILED
APR 24 PM 2:43
STATE
OFFICE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Collura family realty group 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:

Sofia Vasquez

Name of Person

ZenBusiness INC

Firm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

c/o ZenBusiness INC

844 493-6249

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

2023 APR 24 PM 2:44

Collura family realty group LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 10/26/2021 and assigned Florida document number 1,21000464459.

This amendment is submitted to amend the following:

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

Collura family insurance agency 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:

5238 cape hatteras dr

(Principal office address MUST BE A STREET ADDRESS)

clermont, FL 34714

Enter new mailing address, if applicable:

38 Cottontail Road

(Mailing address MAY BE A POST OFFICE BOX)

Melville, NY 11747

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 _____
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	COLLURA, PAUL S	5238 cape hatteras dr	<input type="checkbox"/> Add
		clermont, FL 34714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BONAGURA, CHRISTINE M	38 Cottontail Road	<input type="checkbox"/> Add
		Melville, NY 11747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COLLURA, OKSANA	7945 Pleasant Pine Circle	<input type="checkbox"/> Add
		Winter Park, FL 32792	<input checked="" 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

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

Multiple horizontal lines for amending information.

FILED
2023 APR 24 PM 2:44
DEPARTMENT OF STATE
TALLAHASSEE FL

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 605.0207 (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 04/14 2023

/s/ Paul Sebastian Collura

Signature of a member or authorized representative of a member

Paul Sebastian Collura, Member

Typed or printed name of signee