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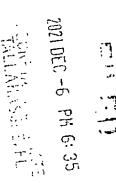
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(0	<i>J. C.</i> 300 (4) (2) (1)	<i></i> ,
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Certified Copies	Contificates	e of Statue
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT: CAVI	Sh Credit. Name of Limi	Solutions (Lined Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Amanda	Gbbons Name of Person	
	Lavish Co	COLT SOLUTIONS	LLC
	Flob Pinc	Address APT	134
	Fort my	City/State and Zip Code	1+
	Laush credit & E-mail address: (1	Salutions LLC I O to be used for future annual report notify	Cation)
For further information co	ncerning this matter, please ca	nil:	
Amanda C Name of	Person	at (239) 290 5 Area Code Daytime	Telephone Number 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s</u>	Street Address:	

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

TO:

Registration Section
Division of Corporations

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

(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. nability Company))
The Articles of Organization for this Limited L		were filed on $\frac{11292}{2}$	O21 and assigned
Florida document number <u>LA 100050</u>	5748	·	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabi	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7100 Pinnack	Dr AP+134
(Principal office address MUST BE A STREET ADDRESS)		Fort myers Fl	33907
			-
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u> l	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	31000	Model Store Con	
		Enter Florida street address	A 1
		City Flor	Zip Gode
New Registered Agent's Signature, if changing	Registered Agent:		The Constant
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as p registered office	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and I.S. Or, if this document is

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>	Type of Action
AND BOD			□Add
			□Remove
			□Change
MGR	Amarka GibiDons	7100 Pinnacle D-AP+Bi	XAdd
		Fort myers Fe 33907	□Remove
		<u> </u>	□Change
			□ Add
			□Remove
			□Change SEC
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effective date is e: If the date ument's effect cord specifies:	listed, the date in inserted in this ive date on the	mist be specific ar block does not Department of	nd cannot be price meet the applications of the state is record	cable statutory s.	or more than 90 da filing requireme i.m. on the earlie	nts, this dat	g.) Purst e will r	ot be li	sted a
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