## L22000032167

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## **COVER LETTER**

Division of Corporations	
UBJECT: COLO CAPITAL UC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Terry Lavan Cobb JR  Name of Person  Cobb Capital LLC  Firm/Company	
1992 Lewis Turner blvd Suite 106.	7
Fort Walton Beach, FL 32547	
F-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Terry Cubb at (850) 737-1833  Area Code Daytime Telephone Number	_
inclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee SCErtificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Status & y
Mailing Address:  Street Address:  Project Section	

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

Registration Section

TO:

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 Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200032107</u> .	were filed on <u>1-24-22</u>	a	nd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab  AFFID EXOT (S LLC)  The new name must be distinguishable and contain the words "Limited Liabil		he abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable:			ږ.,	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
		<u> </u>	<u> </u>	treeser treeser
			9	Sandanis Sandanis
Enter new mailing address, if applicable:	<del> </del>	<u> </u>	P <u>+</u>	3:1
Mailing address MAY BE A POST OFFICE BOX)		. FS - 마당	<del></del>	
		m m		
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Address on our records, enter the	name of t	he new	registe
		•		
	, Florid: , Florid:		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		
AMRR =	= Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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lf an ef <u>Note:</u>	ive date, if other than the date of filing:  (optional)  fective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e recor	rd 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 led.
Dated	April 24th 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00