## 122000055980

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Y. SCOTT MAR - 1 2022

## COVER LETTER

TO:	Registration Sec Division of Corp		•	1		
	COLEE PA	LMS, LLC	٠	,		
SUBJE	.СТ:	Name of Limi	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	to the following:			
		RATNAM, UPENDER RE	DDY			
			Name of Person			
				<b></b>	2022 SEC	
			Firm/Company		CAE	1
		10303 SILVERBROOK TI	रा	A D	2022 FEB 16 SECRETARY	FC 7502
			Address	ـــــــــــــــــــــــــــــــــــــ	Y PH	
		JACKSONVILLE, FL, US	32256		PM 3: 07	O
			City/State and Zip Code		語	
		UPRATNAM@GMAIL.CO				
			o be used for future annual report noti	lication)		
For fur	ther information c	oncerning this matter, please ca	all:			
RATN	AM, UPENDER I	REDDY	609 775-8935 at ( )			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclos	ed is a check for th	ne following amount:				
<b>=</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Mailing Address Registration		Street Address: Registration Se	ction		
	Division of C		Division of Cor	porations		
	P.O. Box 632 Tallahassee, 1		The Centre of 7	Tallahassee e Street, Suite 81	0	
	Tarianasco,					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLEE PALMS, LLC (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 FEBRUARY 02, 2022 and assigned Florida document number L22000055980 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 "L.L.C." 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.

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>	Type of Action
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		SAINT AUGUSTINE, FL 32092	□Remove
			Change
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in effective date is listed, the date mus	the specific and can	mot be prior to di		re than 90 days a	fter filing.)		
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Filing Fee: \$25.00