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DIVISION OF CORFORATION 22 APR 26 AM 9: 28

T. MATTHEWS
JUN 20 2022

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TO:	Registration Sect Division of Corpo			
SUBJE	Colin Fisher	LLC		
30132		Name of Lim	nited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please re	turn all correspond	dence concerning this matter	to the following:	
		Colin Fisher		
			Name of Person	
		Colin Fisher LLC		
			Firm/Company	
		2046 7th Dr. SW		
			Address	
		Vero Beach/ Florida 32962	2	
			City/State and Zip Code	
		fishercolin88@gmail.com		
		E-mail address: (to be used for future annual report noti-	fication)
For furth	er information con	ecerning this matter, please ca	all:	
	Name of F	Daniel 1	at ()	e Telephone Number
	Name of r	erson	Area Code Daytime	e Lelephone Number
Enclosed	is a check for the	following amount:		
≡ \$ 25.	00 Filing Fec	☐ \$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:		Street Address:	

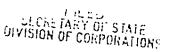
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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company has been notified in writing of this change.

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 26 AM 9: 28

Colin Fisher LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our re- lability Company)	cords.)
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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 acagent and/or the new registered office address here:	ddress on our records, e्प	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldrass
	City	, Florida Zip Code
Naw Basistanad Amerika Simotona if shaming Basistanad Amerika	-	·
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent;	Enter Florida street ad City	ldress , Florida Zip Code

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

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: DDCD7D4E-E29D-4E7A-9DBE-25D9605D189B attamenting Authorized rerson(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
MGR	Colin Fisher	2046 7th Dr. SW, Vero Beach, FL 32962	≣Add
			Remove
			□Add
			Remove
			□Add
			□Remove
			□ Change
			□ Add
		·	□Remove
			□ Change
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fan effec	e date, if other than the date of filing:
locumen	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
documents: record : d is filed	
documents: record state filed	1.
document record :	1. 4/25/2022

Filing Fee: \$25.00