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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Collazos Construence	retion Consulting & Tozching CLC.
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Christoph	Y Collazos Name of Person
Collagos Con	struction Consulting of Textury (LC. Firm/Company) & Textury (LC.
4215 NW)	Firm/Company 22 21st 7ER Address Address FL 32605 City/State and Zip Code
Grancaville,	City/State and Zip Code Of Mail. Com Tress: (to be used for future annual report notification)
Co/lmc 86 (E-mail add	ress. (to be used for future annual report notification)
For further information concerning this matter, ple	
Christopher Collarss Name of Person	at (352) 664 9504 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collazos Construction (Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Company as it now appears on our records.)
,	mpany were filed on $\frac{OH/11/2022}{L22}$ and assigned $\frac{L2200017109}{}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Collagos Greneral Service The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS.)	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4215 Nw 21 TER Grains "Ik, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4215 NW 21 TER Gainesville, FL 32605
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	<u>A</u>
New Registered Office Address:	Enter Florida street address 28
	, Florida
	City Zap Civile

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>	Name	Address	Type of Action
AMBR	A Samantha Collozos	4215 NW 21 TER	🗖 Add
		4215 NW 21 TER Grainesule, FL 32605	□Remove
			□ Change
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			🗀 Remove
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an effective date is listed, the date must be specific and cannot be prior to date of filing or materials. If the date inserted in this block does not meet the applicable statutory filing.	fore than 90 days after filing.) Pursuant to ϵ g requirements, this date will not be 1	i05.020 isted a
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
d is filed.		
Dated <u>08/05/35 . 2022</u> .		
alco		

Filing Fee: \$25.00

Typed or printed name of signee