122000313370

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(Address)
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07/11/24--01031--010 **25.00

7/23/24 KH SECRETARY OF STAT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Collin Build Name of Limited Liab	live Group, UC.
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Taylor	Collin ame of Person
	irin/Company
127 N M	
City/S taylor @ co	Itate and Zip Code Unbuilders Com d for future annual report notification)
For further information concerning this matter, please call:	
Taylor Collin Name of Person	at (561) 859 - 7514 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

Collin Building Group, 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 07/14/2022 and assigned document number 0000313370
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
•
. If amending the registered agent and/op registered office address on our records, <u>enter the name of the new registered</u> gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Andress:
Enter Florida street address
City Florida CO City Florida
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and complete performance of my duties, and I am familiar with and complete the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or I this accument is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Taylor Collin	127 N M Street	
		Lake Worth, FL 33460) □Remove
			hange
MGR	Jared Collin	127 N M Street Lake Worth, PL 33460	ddd
		Lake Worth, FL 33460	□Remove
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Note: If the date in	other than the date of f listed, the date must be specific ascreted in this block does reve date on the Department	not meet the applicabl	date of filing or more than the statutory filing requi	(optional) 90 days after filing, rements, this date) Pursuant to 6 will not be l	605.0207 (isted as t
e record specifies a	delayed effective date, but	not an effective time	, at 12:01 a.m. on the c	earlier of: (b) The	MACE ALE	er the
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rd is filed.	re 25th	2024 Colle	· -		OF SEE	<u> </u>
ord is filed.	Yorse	Collection of a member or authorize	ed representative of a me	mber		ာ (

Filing Fee: \$25.00