(((H230000\$7164 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNOUS COLINA'S APARTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ÄΙ

Electronic Filing Menu

Corporate Hiling Menu

Help

. >

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLINA'S APARTMENT LLC		
(Name of the Limited Liability Co	nmgany as it now appears on our records.) ited Limbility Company)	
(77 Formit Britis	Conjuny)	
The Articles of Organization for this Limited.Liability Comp	pany were filed on 01/03/2023 and assigne	ed.
Florida document number L23000009259		
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 I	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	<u>S</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE ROX)		
	223	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new re	gister
agent and/or the new registered office address here:	$\frac{1}{\omega}$	
Name of New Registered Agent:	70 %	
N. B. C. LOSS - Address	· က်	
New Registered Office Address:	finter Florida street address	
	. Florida	
**************************************	City Zip Code	
Non- Designared Agent's Staneture if changing Registered As	sent:	
New Registered Agent's Signature, if changing Registered A	gent:	

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 adde

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	CARLOS L COLINA	532 EAST 18 STREET	2,2507.1461011
			-——— ∋Add
		HIALEAH, FL 33013	GRemove
	·		□Change
			☐Add
			⊡Remove
			DChange
		□Remove	
			☐ Change
			EJ.Add
		CIRemove	
		Change	
		□Add	
			□Remove
			☐ Change
			□Add
			□ Remove
			☐ Change

		e: (Attach additional sheets, if necessary.)
		
	T	
	·	
Effective date, if other than the da	to of Gilmon	
The anterregulary date in 1181ca, the date mile he	specific and cannot be prior a does not meet the applicat	(optional) or date of filing or more than 90 days after filing.). Pursuant to 605,0207 (3 blo statutory filing requirements; this date will not be listed as th
he record specifies a delayed effective da ord is filed.	ue, but not an effective tir	ne, at 12:01 a.m. on the earlier of (b). The 90th day after the
Dated FEBUARY 10	2023	
-		
Sig	nature of a member or author	ze representative of a member
CARLOS L COLINA	1	·
	Typed or printed	same of cones

Filing Fee: \$25.00