L23000163754

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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TO:

TO: Registration Se Division of Cor					
and man	LOS	COLINA LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MA	ILE COLINA HERNANDEZ			
		Name of Person		_	
	LOS COLINA LLC				
Firm/Company					
1040 NW 196TH TER					
		Address		- /. 🕾	<u>,</u>
MIAMI GARDENS FL 33169				JALI VIII	5 5
		City/State and Zip Code	-	يدر ممس <u>بد</u> مد	
		INAMAILE@YAHOO.COM	<u> </u>		
For further information c	e-mail address: (oncerning this matter, please ca	to be used for future annual report not all:	meation)		PH 1: 43
MAILE COLINA HERN	VANDEZ	786 862 0649		는 H	ည်
Name o	f Person	Area Code Daytim	e Telephone Number	r	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address Registration S		Street Address: Registration Se	ction		
Division of Corporations		Division of Cor			
P.O. Box 632 Tallahassee, l		The Centre of T	Fallahassee e Street, Suite 8	810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS COLINA 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 and assigned L23000163754 Florida document number 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.E.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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida j

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>	Address	Type of Action
AMBR	MAILE COLINA HERNANDEZ	1040 NW 196TH TER MIAMI GARDENS FL 33169) ≣ Adđ
			_ □Remove
			Change
MGR	MAILE COLINA		_ 🗆 Add
		1040 NW 196TH TER MIAMI GARDENS FL 33169) ≣Remove
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Filing Fee: \$25.00