## L23000/12627

(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(City/State/Zip/Pilone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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no signature

Office Use Only



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2023 SEP -8 Ail 7: 5:





August 21, 2023

EDDIE COLON JR 10342 CELTIC ASH DR RUSKIN, FL 33573

SUBJECT: COLON OPERATIONS LLC

Ref. Number: L23000172627

We have received your document for COLON OPERATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Octavia L Simmons Supervisor

Letter Number: 923A00019334

Ser 0 6 2023

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Cor	porations	∢.	•
CUDIECT.	Colon Oper	rations LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Anicles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Eddie Colon Jr		
		-	Name of Person	<del> </del>
		Colon Operations LLC		
			tted for filing. the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  The used for future annual report notification)  at (	
	SPECT:  Name of Limited Liability Company  Tenclosed Articles of Amendment and fee(s) are submitted for fitting.  See return all correspondence concerning this matter to the following:    Eddie Colon Jr			
Address				
		Ruskin, FL 33573		
	Colon Operations LLC  Name of Limited Liability Company  and Articles of Amendment and fec(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Eddie Colon Jr			
		== =		
		E-mail address: (	to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please ea	all:	
Kayla Colon	I			
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
•	-		<del>-</del>	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -8 AH 7: 53

(Name of the Limited Liability Co.	mount as it now appears on our records	6)
(A Florida Limit	mpany as it now appears on our records ted Liability Company)	±/,
The Articles of Organization for this Limited Liability Comparing document number <u>L23000172627</u>	any were filed on April 6, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	r
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	lete performance of my duties, an as provided for in Chapter 605. I	id I am familiar with and F.S. Or, if this document i

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>	<u>Name</u>	Address	Type of Action
MGR	Eddie Colon Jr	10342 Celtie Ash Dr	<b>≣</b> Add
		Ruskin, FL 33573	□Remove
			□Change
			□ Add
		<del></del>	
			☐ Change
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ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block	specific and cannot does not meet the	applicable statut	iling or more than 90 ory filing requires	(optional) ) days after filing.) Penents, this date wi	irsuant to 605.020 I not be listed a
ocument's effective date on the Depar	tment of State's r	ecords.			
record specifies a delayed effective da lis filed.	te, but not an effe	ective time, at 12:	01 a.m. on the ear	lier of: (b) The 9	0th day after th
July 18	2023	3			
aicu	1/1, -	7			
/		7			
- Sign	nature of a member	or authorized repre	sentative of a mem	ber	<del>,,</del> ,