L23000290916

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, XocuSign'I	Énvelope ID: 51A0FA	A82-8327-47F1-BF5A-7CF766A0F	OVER LETTER	
TO:	Registration Se Division of Cor	ection	.	<i>*</i>
	Carl Collin			
SUBJI	ECT:	Name of Lim	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Zachariah Evangelist		
		-	Name of Person	
		Ser & Associates, PLLC		
			Firm/Company	
		801 Monterey Street, Suite	204	
			Address	
		Coral Gables, Florida 331	34	
			City/State and Zip Code	
		info@Ser-associates.com E-mail address: 0	to be used for future annual report no	atification)
For fur	ther information c	concerning this matter. please c	·	
Zacha	riah Evanglista		305 222-7282	
	Name o	f Person		me Telephone Number
Enclos	ed is a check for t	he following amount:		
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

'DocuSign Énvelope ID: 51A0FA82-8327-47F1-BF5A-7CF766A0F7DA ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Carl Collins, PLLC		
(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 $\frac{6/15/2023}{L23000290916}$	and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Brian Carl Collins, PLLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "L.I	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address if applicables	2023	Ž.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		-124 T
B. If amending the registered agent and/or registered office address on our records, enter the nam	e of the new	registere
agent and/or the new registered office address here:	: 27	시간 -
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
Flada		
, Florida, Florida	Zip Code	
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am f accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the lin company has been notified in writing of this change.	amiliar with if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign'Envelope ID: 51A0FA82-8327-47F1-BF5A-7CF766A0F7DA in amending Authorized rerson(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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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<u>ote:</u> If the date inserted in this cument's effective date on the	he date of filing: must be specific and cannot be prior to block does not meet the applicate Department of State's records.	ble statutory filing requ	irements, this date wil	I not be listed a
is filed.	ave dute, but not an execute th	ne, at 12.01 a.m. on the	currer or. (b) The X	on day and the
ted	. 2023			
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Docasing the Docasing Control Day	Collins Signature of a member or autho			

Filing Fee: \$25.00