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COVER LETTER

Division of Corporations	•
SUBJECT: COLONOT	GYOUR LLC ame of Limited Liability Company
The enclosed Articles of Amendment and feet	(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
_ M20	21 RODRIGUEZ Name of Person
_ <u>Coc</u>	Firm/Company
90 FC	DRT LODADE AD SUITE 100#
Ponte	VEDEA FL 37081 City/State and Zip Code
COLONOT (GROUPPROPERTIES (AGMAIL COM) il address: (to be used for future annual report notification)
For further information concerning this matter	r, please call:
OSCAR ORTIZ Name of Person	at (904) 8349431 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	•
\$25.00 Filing Fee \$30.00 Filing I Certificate of	
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FILED

(Name of the Limited Liability Compa (A Florida Limited I	2023 AUG -3 PM 12: 5 Liability Company) TALLAHASSET OF INTO	3
The Articles of Organization for this Limited Liability Company Florida document number $L-23000327083$		i IA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)	90 Fort wade, suite 100 # 1043 Ponte Vedra, Fl 32081	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	90 FORT Wave, suite 100 # 1043 Ponte Vedra, FL 32081	-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe	<u>red</u>
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	-
	, Florida City Zip Code	-
	cap 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 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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