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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	COLLOBER	T&COL REALTH LLC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JI	EAN FRANCOIS COLLOBERT	
		Name of Person	
	COI	LLOBERT&CO REALTY LLC	
		Firm/Company	-
		1629 ALTON ROAD	
•		Address	
•		MIAMI BEACH FL 33139	
	IFC	City/State and Zip Code COLLOBERT@GMAIL.COM	
		to be used for future annual report no	otification)
or further information of	oncerning this matter, please c	ail:	
JEAN FRANC	OIS COLLOBERT	at (305) Area Code Dayti	590 7720
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	XI \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Name of the Limited Liability Company as it now apply (A Florida Limited Liability Company)	penra on our records.) iy)	
The Articles of Organization fo	or this Limited Liability Company were filed on	MAY 15, 2024	and assigned
Florida document number	L24000216485		
This amendment is submitted t	o amend the following:		
A. If amending name, <u>enter</u>	the new name of the limited liability company	here:	
JEAN FRANCOIS C	COLLOBERT LLC		
The new name must be distinguishab	le and contain the words "Limited Liability Company," th	or designation "LLC" or the abt	previation "L.L.C."
Enter new principal offices a	ddress, if applicable:		
-	ST BE A STREET ADDRESS)		(m) \$
	TO DESCRIPT OF THE PROPERTY.	í-	٠,٠ ٠,٠
		7	2
Enter new malling address, i	f annieghla:	در در	- 62
-		<u> </u>	<u> </u>
Mailing address MAY BE A	TOST OFFICE BOX	-	
		· · · · · · · · · · · · · · · · · · ·	E 2
B. If amending the registered agent and/or the new register	d agent and/or registered office address on our red office address here:	r records, <u>enter the name</u>	of the new regis
Name of New Registe	ered Agent:		
New Registered Office			
	Enter F	lorida street address	
	City	, Florida	7: 6 1
	City		Zin 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 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
			□Add
			□ Remove
			Change
			□Add
			□ Remove
	•		□ Change
			□ Add
			□ Reтюve
			□Change
			□ Add
			©Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			DAdd
			Remove
			DC

	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
•	
Fffective data if other ti	han the date of filing:
Note: If the date inserted if	han the date of filing: date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed at on the Department of State's records.
e record specifies a delayed rd is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 24	2024
	(Nhhly
	Signature of a member or authorized representative of a member
	JEAN FRANCOIS COLLOBERT
	Typed or printed name of signee

Filing Fee: \$25.00