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2015 JUN 29 PH 3: 02

K.SALY EXAMINER JUN 3 0 2015

LAV	ision of Corp	orations				
SUBJECT:		OACH CENTER, LLC				
		Name of Limited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	ı all correspon	dence concerning this matter t	o the following:			
		Margarita Gokun Silver				
		·	Name of Person		•	
			Firm/Company		-	
	17201 Collins Avenue, #3105 Address					
		Sunny Isles Beach, FL 33160				
		City/State and Zip Code				
		mgokun@gmail.com				
		h-maii address: (t	o be used for future annual repo	of notication)		
For further i	nformation co	ncerning this matter, please ca	11 :			
Inessa Gokt	ım		703 209-29	059		
	Name of	Person	at () Area Code D	Daytime Telephone Numbe	<u></u> -	
Enclosed is	a check for the	following amount:				
\$25.00]	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ite of Status &	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

2015 JUN 29 PH 3: 02

GLOBAL COACH CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) December 13, 2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000127544 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: STORIES AND COLORS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Unit 8500 Box 2103 (Mailing address MAY BE A POST OFFICE BOX) DPO. AE 09642 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 Florida Zip Code City

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

MGR = Ma $AMBR = Aa$	anager athorized Member		ILE D	
<u>Title</u>	Name	Address	ZEIS JUN 29 PH 3: 02 TALLARASSEE FLORIDA	Type of Action
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