

# L10000127544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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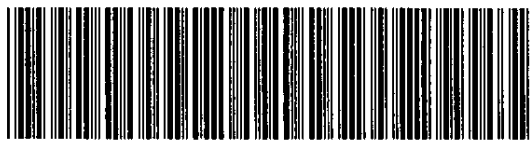
(Business Entity Name)

(Document Number)

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2015 JUN 29 PM 3:02  
STATE OF FLORIDA  
TALLAHASSEE, FL 9010

K. SALY  
EXAMINER  
JUN 30 2015



ARTICLES OF ORGANIZATION OF

GLOBAL COACH CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on December 13, 2010 and assigned Florida document number L10000127544

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Unit 8500 Box 2103 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

City

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 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 = Manager  
AMBR = Authorized Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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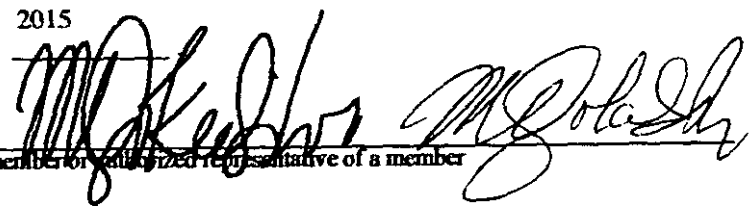
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 15, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Margarita Gokum Silver  
\_\_\_\_\_  
Typed or printed name of signee