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CHCO CORPORATIONS
ON SIGN OF CORPORATIONS
TALLAHASSEE, FLORIDA

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 455989 7106843 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : October 14, 2020 ORDER TIME : 11:34 AM ORDER NO. : 455989-010 CUSTOMER NO: 7106843 DOMESTIC AMENDMENT FILING NAME: CONVENTION HOLDINGS GROUP, $_{
m LLC}$ EFFECTIVE DATE: XX ARTICLES OF AMENDMENT _____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT#

CORPORATION SERVICE COMPANY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2111 01 | 14 | PH | 1:42

Zip Code

CONVENTION HOLDINGS GROUP, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on October 7, 2020 and assigned
Florida document number L20000305594	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
COLORCRAFT3D, LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, enter the name of the new registe
igent and/or the new registered office address here.	
Name of New Registered Agent:	
Manie of New Registered Agent.	
New Registered Office Address:	Enter Florida street widress
	, Florida

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.

City

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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Effective date, if other than the differentive date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	se specific and cannot be ik does not meet the	c prior to date of tiling applicable statutory	g or more than 90 days a	ptional) after filing.) Pursuant this date will not b	to 605.0207 (e listed as t
e record specifies a delayed effective or is filed.	date, but not an effec	tive time, at 12:01	a.m. on the earlier of	f: (b) The 90th day	y after the
OCTOBER 9th	2020	·			
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Filing Fee: \$25.00