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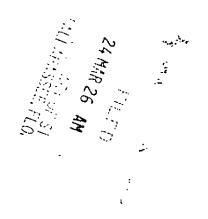
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT	NAIL	
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gilson Property Group LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
hegistered Agents Inc
J
7901 4th St N Suite 300
Address
St. Peteruburg; FL 33702 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carrondon (1) con 200 720 - 1095
Cassandra Clibson at (800) 730 - 1095 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICI ES	OF ORGANIZATI	ION .
ARTICLES	OF OKGANIZATI	
(Name of the Limited Liability	Property Gre y Company as it now appears Limited Liability Company)	DUP LLC son our records.)
(A Florida		
The Articles of Organization for this Limited Liability Co Florida document number <u>L23 D0D243 627</u>		5 17 2023 and assigned 6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit The Color Agency LL The new name must be distinguishable and contain the words "Lami		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Fnter Floric	da street address
	Liuci I ioi u	
	City	, Florida 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

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
		# ************************************	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please sex attached SS4 Form and undate
Please see attached SS4 Form and update the FEIN number accordingly.
the Pern riumber accordingly
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 (1
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.
document's effective date on the Department of State's Jecords.
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 March 20th . 2024 . 0
MALANDIA SUM
Signature of a member or authorized representative of a member
Carrandra Gibson
Typed or printed name of signee

Filing Fee: \$25.00