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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A SPLASH OF COLOR 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:

CHERYL VACCARI

Name of Person

Firm/Company

124 SOTIR ST NW

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

CVACCARI83@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL VACCARI

850 585-1288

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A SPLASH OF COLOR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/01/2005 and assigned
Florida document number L05000054088.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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:

CHERYL VACCARI

New Registered Office Address:

124 SOTIR ST NW

Enter Florida street address

FORT WALTON BEACH

City

Florida 32548

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANA VACCARI	124 SOTIR ST NW	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHERYL VACCARI	124 SOTIR ST NW	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL 325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DORY FERLO	118 SOTIR ST	<input checked="" type="checkbox"/> Add
		FORT WALTON BEACH, FL 325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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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.

Dated NOVEMBER 9, 2017

Signature of a member

Signature of a member or authorized representative of a member

CHERYL VACCARI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA