

209000 117467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

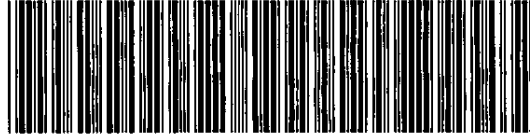
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800287348148

06/30/16--01004--015 \*\*25.00

FILED  
16 JUN 30 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 01 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COLOR RECON, 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:

LORENA R. CARDAMA, ESQ

Name of Person

THE CARDAMA LAW GROUP, P.A.

Firm/Company

401 S. ROSALIND AVE

Address

ORLANDO, FL 32801

City/State and Zip Code

LCARDAMA@CARDAMALAW.COM

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

For further information concerning this matter, please call:

LORENA R. CARDAMA

Name of Person

at (407) 704-8932

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

Color Recon, 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 12/8/2009 and assigned  
Florida document number LO9000117467

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:

LORENA R. CARDAMA

New Registered Office Address:

401 S. ROSALIND AVE

*Enter Florida street address*

ORLANDO

*City*

Florida 32801

*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

FILED  
16 JUN 30 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	F&V Investments, Inc	11802 Barletta Dr. Orlando Fl	<input checked="" type="checkbox"/> Add
		32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JLP Investments, LLC	1835 E Hallandale Beach Blvd	<input checked="" type="checkbox"/> Add
		Unit #340 Hallandale Beach Fl 330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vicente Potolicchio		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Roach		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DARIO DI MARCO	2134 MOUNTAIN ASH WAY	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JUN 30 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

[illegible]

**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**

Signature of a member or authorized representative of a member

Franco MASCOLO

JOSE LUIS POTOLICHIO

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 30 AM 11:24

10