

L11000041875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

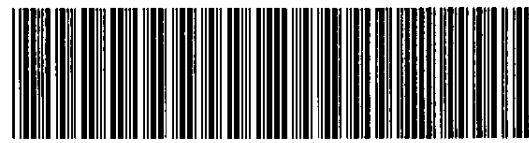
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
11 AUG 16 PM 4:00
FLORIDA DIVISION OF
STATE LANDS, STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 17 2011

EXAMINER

August 12, 2011

I, Holly Falleri, give permission for Frank Falleri to take my name off Colorifico Emerald Beach LLC. If you have any questions, you may contact me at 281-797-5892.

Thank you



Holly Falleri

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11 AUG 16 PM 4:00

FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLORIFICO EMERALD BEACH 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:

FRANK W. FALLER

Name of Person

Firm/Company

2435 RIVERWAY OAK DR.

Address

KINGWOOD, TX 77345

City/State and Zip Code

FALLER14@KINGWOODCABLE.NET

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

For further information concerning this matter, please call:

FRANK W. FALLER at (713) 817-8275

Name of Person

Area Code & Daytime Telephone Number

SEARCHED
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TALLAHASSEE, FLORIDA

11 AUG 15 PM 4:00

FILED

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

COLORIFICO EMERALD BEACH 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 3/31/2011 and assigned Florida document number L11000041875.

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 end with 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)

11 AUG 16 PM 4:00
ST. CLOUD, FLORIDA
FLORIDA STATE
ALLAHISSE, E.

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---|---|
| MGR | FRANK W. FALLERI | 2435 RIVERWAY OAK DR. KINGWOOD, TX 77345 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <i>KEEP AS IS</i> |
| MGR | HOLLY FALLERI | 2435 RIVERWAY OAK DR. KINGWOOD, TX 77345 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ONLY REQUEST IS TO REMOVE HOLLY FALLERI
AS A MEMBER. THANK YOU.

Dated AUGUST 12, 2011

Frank W. Falleri

Signature of a member or authorized representative of a member

FRANK W. FALLERI

Typed or printed name of signee