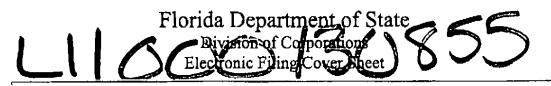
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000082765 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DECOCOLOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO:	Registration Se Division of Con	ectlon rporations		
eud ie/	Decocolor	LLC		
SUBJE	L1;	Name of Lin	ited Liability Company	···
The seel	oard Aminina of	A mandage and funda and mile		
		Amendment and fee(s) are sub		
ricase ie	sturn att correspo	ondence concerning this matter	to the following.	
		Lucia Estrella		
			Name of Person	
		Licenses & Permits LLC		
			Firm/Company	
		8300 W Flagler St Suite 1	14	
		- <u>-</u>	Address	
		Miami, Fl 33144		
			City/State and Zip Code	
		licenses114@gmail.com E-mail address; [to be used for future annual report not	(fication)
For furth	er information o	concerning this matter, please c	-	•
Lucia Es	strella		305 226-8727	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	he following amount:		
■ \$2 5.	00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tailahassee, I	Section Corporations 17	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

(FAX)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Decocolor LLC				
(Name of the Life	(A Florida Limited Liab	es it now appears on our records.)		
The Articles of Organization for this Limited	Liability Company we	ere filed on 11/17/2011	and assigne	d
Florida document number L11000130855	 ,			
his amendment is submitted to amend the fo	llowing;			
. If amending name, enter the new name	of the limited liabilit	y company here:		
ecocolor Construction LLC				
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" o	the abbreviation "L.L.C."	
nter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	EET ADDRESS)		-	
		<u>. </u>	-	
	-		•	
`				
nter new mailing address, if applicable:	-	·		
Mailing address MAY BE A POST OFFICE	<u> </u>			—
	_			
. If amending the registered agent and/or	registered office add	wood on our woods4 th-		1-4
ent and/or the new registered office addr	registered bilice add ess here:	ress on our records, enter the	e name of the new rec	ister
· ·			22	
Name of New Registered Agent:	Anubys Fernandez		AR .	-
New Registered Office Address:	9334 NW 13th Stre	et Bay 18	6 F F	芸芸
•		Enter Florida street address)
	Doral	. Floric	da 33172 -	(
		City	2: 0: 1	_

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 Registere Agent Strucker 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:

or removed from opy records	,	
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			OChange
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	March 3 2022 (optional) fective date, if other than the date of filling: (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
If the record is t	rd 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 led.
Dated	March 3 , 2022 .
	Signature of a member authorized representative of a member

Filing Fee: \$25.00