12000133033

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
OCT 2 4 2012		
L. SELLE RS		

Office Use Only



700240548047

10/22/12--01007--031 **25.00

12 OCT 22 PH 3: I4
SECRETARY OF STATE
AND ABOVES FOR STATE

COVER LETTER

Division of Corpo		,	The state of the s	34	
SUBJECT: COLO	OURS DESTINATI	ONS INTERNATIO	NAL, LLC.	,	
SUBJECT.	Name of Limi	ted Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
ı		JAMES REMES			
		Name of Person			
COLOURS DESTINATIONS INTERNATIONAL, LLC.					
		Firm/Company			
	22	217 CLIPPER PLACE			
	**************************************	Address			
FT. LAUDERDALE, FL 33312					
		City/State and Zip Code			
	•	escolours@yahoo.cor			
D 0 1 1 0 1		to be used for future annual repo	ort notification)		
For further information con	cerning this matter, please c	eall:			
JAME	S REMES	at (720)	272-5251		
Name of Person Area Code & Daytime Telephone Num		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 er	nclosed) Certified	e of Status &	

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

COLOURS DESTINATION INTERNATIONAL, 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 Liab Florida document number L120001330	· · · · · · · · · · · · · · · · · · ·	10/18/2012	_ and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here	:	
COLOURS DES	TINATIONS INTERNATION	AL, LLC.	
The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			**************************************
(Mailing address MAY BE A POST OFFICE BO	<u></u>	 	
			
B. If amending the registered agent and/or	registered office address on o	ur records, enter, the	name of the nev
registered agent and/or the new registered office	ce address here:		12 (
			S TI
Name of New Registered Agent:		€ #•==:	2
New Registered Office Address:		<u> </u>	골 [[]
	Ent	er Florida street addres	s بن ا
		, 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 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 = Ma MGRM = 1	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			. Domesus
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
washing to the second of the second of	**************************************		Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if neo	cessary.)
	Oct. 19	, <u>20/2</u> .	
	Signature of	amember or authorized representative of a member	
		JAMES REMES Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00