

L12 000 155720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

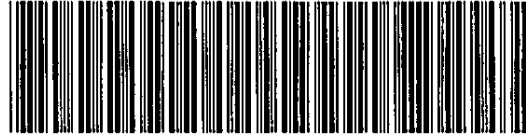
(Business Entity Name)

(Document Number)

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FILED  
13 OCT 28 AM 11:10  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COLOR RECON SOUTH FLORIDA 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:

DARIO OSCAR DI MARCO

Name of Person

CCDF INVESTMENTS INC

Firm/Company

10200 NW 25th STREET # 205-2

Address

DORAL, FL 33172

City/State and Zip Code

eortiz@integralbusinessadvisory.com

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

For further information concerning this matter, please call:

DARIO OSCAR DI MARCO at ( 727 ) 504-9978

Name of Person

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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 SOUTH FLORIDA 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 FLORIDA and assigned  
Florida document number L12000155720.

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)

10200 NW 25th STREET

SUITE 205-2

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10200 NW 25th STREET

SUITE 205-2

DORAL, FL 33172

**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:

INTEGRAL BUSINESS ADVISORY LLC

New Registered Office Address:

8542 NW 111st CT

*Enter Florida street address*

DORAL

Florida 33178

*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

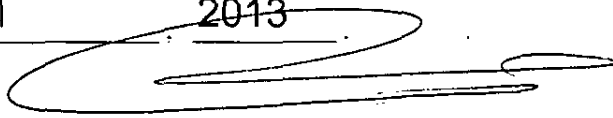
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>ENRIQUE ORTIZ RICCI</u>	<u>8542 NW 111st CT</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL 33178</u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Remove
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CALLAHAN COUNTY CLERK  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN NUMBER: 80-0878949

Dated OCTOBER 21 2013



Signature of a member or authorized representative of a member

**DARIO OSCAR DI MARCO - CCDF INVESTMENTS INC.**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE  
TALLAHASSEE FLORIDA