

L13000029971

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KOLOR SHADES, LLC.**

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Corporate Filing Menu

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K. SALY

OCT 28 2016

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KOLOR SHADES, LLC.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 02/26/2013 and assigned
Florida document number L13000029971

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 "LLC."

Enter new principal offices address, if applicable:

236 SE 2nd AVE

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE, FL 33009

Enter new mailing address, if applicable:

236 SE 2nd AVE

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE, FL 33009

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:

236 SE 2nd AVE

Enter Florida street address

HALLANDALE

Florida 33009

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 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

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>
MGRM	TRACEY A CORZO	1680 NE 191 STREET 115	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRACEY A CORZO	236 SE 2nd AVE	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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

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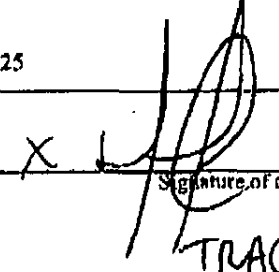
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated OCTOBER, 25, 2016



Signature of a member or authorized representative of a member
TRACY AJONES CONZO GUADRON

Typed or printed name of signer