L1300031219

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



600243313936

05/01/13--01005--033 **55.00

ZHIB HAY I AH I: OI
SECRETARY OF STATE

MAY 0 2 2013

D. BRUCE





March 27, 2013

ESMERALDA GARCIA 308 HWY 17-92 HAINES CITY, FL 33844

SUBJECT: COLOREANDO DECORACIONES, "LLC"

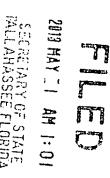
Ref. Number: L13000031219

We have received your document for COLOREANDO DECORACIONES, "LLC", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 213A00007215



COVER LETTER

TO: Registration Section
Division of Corporations

C. Coloreando Decoraciones, 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:

ESMERALDA GARCIA

Name of Person

Firm/Company

308 HWY 17-92

Address

HAINES CITY FL,33844

City/State and Zip Code

ESMERALDA1360@GMAIL.COM

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

For further information concerning this matter, please call:

ESMERALDA GARCIA

863₅14 7621

Name of Person

Area Code & 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 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

RECEIVED

13 MAR 22 AM 2-17

DEBAN DE CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLOREANDO DECORACIONES 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 Li Florida document number L13000031219 | ability Company were filed on _ | FEBRUARY 20,2013 | and assigned |
|--|-----------------------------------|--|----------------------|
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | the limited liability company | <u>here</u> : | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Liability Co | mpany," the designation "LLC" | " or the abbreviatio |
| Enter new principal offices address, if applica | able: | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · | D.3 |
| (Mailing address MAY BE A POST OFFICE I | TAL | <u>: = = = = = = = = = = = = = = = = = = =</u> | |
| | | <u> </u> | |
| D. 16 | | (၇) (၇) (၉) | 20 |
| B. If amending the registered agent and/or the new registered of | · · | on our records, enter the | |
| | | | |
| Name of New Registered Agent: | ESMERALDA GARCIA | <u> </u> | AT E |
| New Registered Office Address: 609 WEST LAKEWALES RD SOUTH | | | |
| The state of the s | Enter Florida street address | | |
| | LAKEWALES | , Florida 3385 | 9 |
| • | City | | Zip Code |
| New Registered Agent's Signature, if changing R | legistered 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> | Address I | ype of Action |
|--------------|-----------------------|-----------------------------|---------------|
| MGR | ESMERALDA GARCIA | 609 WEST LAKEWALES RD SOUTH | ✓ Add |
| | | LAKEWALES FLORIDA,33859 | Remove |
| MGR | ANGELICA FLOR LEZAMA, | 1652 ADAIR RD | Add |
| | , | HAINESCITY FLORIDA 338237 | Remove |
| MGRM | ANGELICA FLOR LEZAMA | 1652 ADAIR RD | Add |
| | | HAINESCITY FLORIDA 338237 | Remove |
| · | | Ā | Add |
| | • | ERCTARY | Remove |
| | | OF STATE | Add |
| | | | Remove |
| | | | Add |
| | | <u> </u> | Remove |

| D. If amending any other in | formation, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------------------------|--|
| | |
| | |
| | |
| Dated MARCH 20, | 2013 |
| | Esmide Du |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

ZIII MAY JI AM I: OI SESREJARY OF STATE