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(Requestor's Name)			
(Address)			
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(Čit	y/State/Zip/Phone	· #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE

AUG 1 4 2014 T. BROWN

COVER LETTER • • •

TO: Registration Section
Division of Corporations

SUBJECT: Supple Color Koy Charles LLC

Name of Limited Dability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Faith Copolard (e) Califold

Name of Person

Simulated Kocy Office LIC

Firm/Compan

1300 DE 34th DE # 336

Address

Corresponder Of 33009

City/State and Zip Code

Simulated Kocy Office Graph Costo Copolar Color

E-mail address: (to be used for nature about report not the severn)

For further information concerning this matter, please call:

Lacob Cookard Coulded 353 792-2417
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simulated	Key Offic	a LLC
(Name of the Limited L (A F	iability Company as it now adpears of forida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on $\frac{1}{15916}$.	ely 23,004 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Simulated Kee	4 Offices L	LC
Enter new principal offices address, if applicable	2:	<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)	70 7
Enter new mailing address, if applicable:		o 2 PR
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	705 7
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a street address
<u>-</u>		, 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> </u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			Add
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			□ Add
			☐ Remove
			Add
			Remove
			
			□ Remove

	<u> </u>	
Effective date, if other than the date of f	iling:	(optional)
(The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar		cannot be more than 90 days after
Dated Account 7	.2014.	
		, , , , , ,
Faich Alec	of a member or authorized represe	nd Wunkfield
Forth Il o	a member of authorized represe	and Confer le
. 500 011 5-7010	Typed or printed name of sig	gnee

Page 3 of 3

Filing Fee: \$25.00