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M. MILLIGAN JUN 2 6 2017

COVER LETTER

	on Section f Corporations		
Perso	nigraphics, LLC	(NAME O	HUNGE)
SOBOLC 1	Name of Lin	ited Lubility Company	
The enclosed Artic	les of Amendment and fec(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Brooke S. Pelsh		
		Name of Person	
	Brainbow Creative Solution	ons, LLC	
		Firm/Company	
	12804 Deep Blue Place		
	<u> </u>	Address	
	Bradenton, FL 34211		
		City/State and Zip Code	···
	bpelsh@gmail.com	(to be used for future annual report not	ntication)
			ancation)
For further inform	ation concerning this matter, please of	call:	
Brooke Pelsh		at () 374-0323 Area Code Daytir	
1	Name of Person	Area Code Daytir	ne Telephone Number
Enclosed is a chec	k for the following amount:		
\$25.00 Filing	Fee S30.00 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

MAHANG 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

12 July 2 Pay 1:00

Personigraphies, 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 $\frac{08/19/2015}{\text{Elorida document number}} = \frac{1.15000141998}{\text{Elorida document number}}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Brainbow Creative Solutions, LLC
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
Enter Florida street address
, Florida
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

Title	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Remove
			Add
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eco	t the date inserted in this block nt's effective date on the Depa	te of filing: e specific and cannot be prior to date of filing or more than 90 day does not meet the applicable statutory filing requirement artment of State's records. Iffective date, but not an effective time, at 12	ts, this date will not be liste
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d _	06.14	1-10	
	Sig	gnature of a mentber or authorized representative of a member	7
	Brooke S. Pelsh		SIDH OF JUN 2
		Typed or printed name of signee	# 67 연합
		Typed or printed name of signee Page 3 of 3	PH 1: 08

Filing Fee: \$25.00