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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : IP ACCOUNTING GROUP & BUSINESS CONSULTANTS

Account Number : I20170000038 Phone : (305)324-2248

Fax Number

: (305)324-4959

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: <u>JE@ACCOUNTINGGROUP.COMCASTBIZ.NET</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUSTOM KOLOR, LLC

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TO: Registration S Division of Co		•		
SUBJECT: 💀	CUSTOM	KOLOR, LLC		
	Name of Lin	uited Liability Company	-·· <u>·····</u>	~
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		<del></del>
Please return all corresp	ondence concerning this matter	r to the following:		
	1	_ BUNSTER		
		Name of Person		
	IL B	UNSTER & ASSOCIATES	5, PA	
	199	SW 12TH AVENUE, SUIT	E 4	
	MIA	MI, FL 33130		
		City/State and Zip Code		
	JE@ACC	OUNTINGGROUP.COMC	ASTBIZ.NET	
		(to be used for future annual rep		
For further information of	concerning this matter, please o	all:		्र् इ
	IL BUNSTER	305 304.2	240	2
Name o	f Person	at ( <u>305</u> ) <u>324-2</u> Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			27
∑ \$25.00 Filing Fee	_	( ) ess on util E e.	(11, 640 on Fil	
△ \$25.00 Fining Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (	c of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

## **CUSTOM KOLOR, LLC**

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	<del></del>
—The Articles of Organization-for-this-Limited Liability Company	were-filed on	9/9/16	and assigned
Florida document number <u>L18000168807</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ollity company her	<b>≩</b> :	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the des	ignation "LLC" or the abb	reviation "L.I,.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		,- 	29
		•	-
			27
Enter new mailing address, if applicable:	<del></del>		-D C
er new mailing address, if applicable:    Column   Column			
		·	•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our rec Gianfranco Pai		of the new registere
	40040 1444 4407 0		
New Registered Office Address:	10018 NW 41ST S' Enter Flortdo	IREE I Ustreet 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y dutles, and I am fa apter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGMR	GIOVANY SEQUEIRA	13950 SW 41ST TERR	□Add
		MIAMI, FL 33188	ØRemove
			[]Change
MGMR	MARIA I RINCON	13950 SW 41ST TERR	( <b>2</b> )Add
		MIAMI, FL 33186	CRemove
			□Change
			☐Remove
			(☐Clange
			[]\/dd
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Remove
			□ Change

,	The name and address of person(s) authorized to manage LLC, shall read as follows:
	MGMR: ITALY INVESTMENT GROUP, LLC, Located at 12972 SW 132nd Avenue, Mlami, Ft 33172.
<del></del>	MGMR: MARIAT RINCON, Located at 13950 SW 91st Terr, Miami, Fl 33186.
	AMBR: GIANFRANCO, PALAZZESE, Located at 10018 NW 41st Street, Doral, FI 33178.
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Note:	ive date, If other than the date of filling:  6/23/23  (optional)  ective 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 605.02  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
o recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tiled.
Dated	JUNE 23 2023

Filing Fee: \$25.00