L14000 233 259

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	TAW	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	!

Office Use Only



700296027977

02/27/17--01025--005 **25.00

CECHETARY OF STATE OF STATE OF STATE

WAR O I PUT PREPIE

COVER LETTER

TO: Registration Section Division of Corpor			
·	True Coloi	-s LLC	
SUBJECT:		d Liability Company	
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Luis Autoni	O Carcamo Mo	lina
		Name of Person	
		,	
		Firm/Company	
	· 6590 S. 3	37 th Ct.	
•		Address	
	Greenacre	SFL 33463 City/State and Zip Code 0/0r5 DYa hoo. Co be used for future armual report notification	
•	, .	City/State and Zip Code	
_	Lovetrue C E-mail address: (to	olor 5 (b) Ya hoo. Co be used for future armual report notification)M(on)
For further information conce	erning this matter, please call		
Luis Antonio Ca	reamo Molima	at (561) 506 - 03 Area Code Daytime Tele	57
Name of Per	rson	Area Code Daytime Tele	ephone Number
Enclosed is a check for the fo	ollowing 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

True Colors LL		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000233259</u> .	y were filed on <u>12/28/201</u> 0	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	**	<u> </u>
		8 27
Enter new mailing address, if applicable:		11 OF S
Mailing address MAY BE A POST OFFICE BOX)	4,12	9 2
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	City	Lift Code
New Registered Agent's Signature, if changing Registered Agent	<u>I;</u>	

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>	Address	Type of Action
MGR	Name Luis Antonio Carcamo Molina	6590 S. 37th Ct. Greenacres, FL 33463	M Add
			Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
	WPS AND		Add
			☐ Remove
			Change
			□ Add
			Remove State AMehange State O7 Add
		The state of the s	Add
			☐ Remove
			☐ Change

			×		
				· · · · · · · · · · · · · · · · · · ·	
					·· <u>···································</u>
		,			
					
					······································
		····	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		· · · · · · · · · · · · · · · · · · ·			_ .
		·····			· · · · · · · · · · · · · · · · · · ·
ffective date, if other that an effective date is listed, the dote: If the date inserted in ocument's effective date on	ate must be specific and on this block does not me	cannot be prior to dat eet the applicable s			
record specifies a de The 90th day after th		ate, but not an	effective time,	at 12:01 a.m. on	the earlier of
	<u>!6 p</u> ,	5:39 pm.)		
uted 2/18/20	,	. 1 //			17
nted <u>2/18/20</u>	Link	A, Ca	Many D	ember	
ated <u>2/18/20</u>	Signature of a m		MlauseD representative of a ma		FEB 27

Page 3 of 3

Filing Fee: \$25.00