

10/23/2018 6:41 AM

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : F & S PROJECTS CORP  
Account Number : I20120000041  
Phone : (954)482-9681  
Fax Number : (954)482-8696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@fandsprojects.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COLOR SYSTEM PAINT SUPPLY LLC

Certificate of Status	0
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Page Count	01
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2018 OCT 23 10:10:10

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SECRETARY OF STATE  
TALLAHASSEE, FL

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Corporate Filing Menu

Help

OKS  
10-24-18

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COLOR SYSTEM PAINT SUPPLY 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 01/19/2017 and assigned  
Florida document number L17000015647.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

F&S PROJECTS CORP

New Registered Office Address:

1920 N COMMERCE PARKWAY, STE. 1920-3

*Enter Florida street address*

WESTON

*City*

Florida

33326

*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 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	Address	Type of Action
MGR	MARTINEZ, AMILCAR	600 RIVER BIRCH CT APT 1237 CLERMONT, FL. 34711	<input type="checkbox"/> Add

☒ Remove

☐ Change

MGR	REYES, ROSANA	600 RIVER BIRCH CT APT 1237 CLERMONT, FL. 34711	<input type="checkbox"/> Add
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☒ Remove

☐ Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the criteria for an effective date, the date will be deemed to be the date of filing.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 10/23, 2018

Signature of a member or authorized representative of a member

CHIN F WONG

Typed or printed name of signee