

L1700015647

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000306214 3)))



H180003062143ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2018 OCT 23 11:10:14
2018 OCT 23 10:08:07

FILED
2018 OCT 23 AM 5:21
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

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

FILED
2018 OCT 23 AM 5:21
SECRETARY OF STATE
TALLAHASSEE, FL

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTINEZ, AMILCAR	600 RIVER BIRCH CT APT 1237 CLERMONT, FL. 34711	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	REYES, ROSANA	600 RIVER BIRCH CT APT 1237 CLERMONT, FL. 34711	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
 2018 OCT 23 AM 5:27
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Lined area for amending information.

2018 OCT 23 AM 5: 21
SECRETARY OF STATE
TALLAHASSEE FL

FILED

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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(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 signer