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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

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TO: Registration Division of C	s Section Corporations		•
	In Color, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jason Davis		
	The Color of Love, LLC	Name of Person	
	9302 Chelsea Drive North	Firm/Company	
	Plantation, FL 33324	Address	
	jason@denverincolor.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further informatio	on concerning this matter, please co	all:	
Jason Davis		954 401-7970	
Nan	ne of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	or the following 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 enclose

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denver In Color, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record nability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on $\frac{4/12/17}{}$	and assigned
lorida document number 1.17000081935		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
olour of Love Photojournalism, LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9302 Chelsea Drive North	
Principal office address MUST BE A STREET ADDRESS)	Plantation, FL 33324	
nter new mailing address, if applicable:	414 Patricia Circle SW	19 AP
Mailing address MAY BE A POST OFFICE BOX)	Atlanta, GA 30311	SS 70
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	fice address on our records e:	s, enter the name of the r
-		>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
		orida
	Cîty	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 -	
			☐ Remove
		- · · · · · · · · · · · · · · · · · · ·	☐ Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the listens.	ust be specific and o block does not me	cannot be prior to bet the applicab	date of filing or le statutory fili	more than 90 day:	(optional) safter filing. s, this date) Pursua will no	nt to 60 t be lis	5.0207 (3)(ted as the
the record specifies a delayed). The 90th day after the re	ed effective da cord is filed.	ite, but not	an effective	time, at 12:	01 a.m.	on the	e earl	ier of:
Dated April 27th		2019						
	 ,							
604	Signature of a m							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00