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S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Colors Spa LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Le Hori Phuong T. Namo of Person
Colors Spr. LLC Firm/Company
2011 knottingham Trace Lune
Jacksonulle FL 32246 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Le Hear Phuong I. at (904) 525-7590 Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
\$25.00 Filing Fee Scritificate of Status Status Scritified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

(Name of the Limited Hability 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	(Name of the Limited	Liability Con	npany as it i	now appears on	our records.)			
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 "LLC." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2011 Knottington Trace Lance Super Florida street address	(<i>O</i>	Florida Limit	ed Liability	Company)	,			
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	egistered agent and/or the new registered office	ee address h	iere:					
	New Registered Office Address:							
Tacksonulle Florida 32246 City Zip Code		·	Tactes City	nulle	Florid	a <u>32</u> Zip	2.246 Code	
legistered Agent's Signature, if changing Registered Agent:	legistered Agent's Signature, if changing Re-	zistered Ager	nt:					

If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ded to merely reflect a change in the registered office address. I hereby confirm that the limited liability

v has been notified in writing of this change.

. catoved	<u>trom</u>	our	records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Le, Hoai Phuray T.	2011 tractlingham Trace	<u>L</u> 1□ Add
		Jacksonville, FL 32246	□ Remove
			Change
MGR	Nguyen, Hung I.	429 Cranbrook Court	🗖 Add
		Ocange Park, FL 3206.	<u>S</u> Remove
			Change
MGR	Le, Loc V.	2011 knottinghum Trace	LNETAdd
		Justsonulle, EL 32246	Remove
			☐ Change
			
			□ Remove
			Change
		 	Add
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an eff lote:	ve date, if other than the date of filing: December 20 2018 (optional) retive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	1/16/2019
	Signature of a member or authorized representative of a member
	Le Home Phacing T. Typed or printed name of signee

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Filing Fee: \$25.00