

SEP 19/2018/WED 04:33 PM

9/19/2018

Division of Corporations

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.

((H18000273585 3)))



H180002735853ABC6

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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRUE COLORS TABLEWARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
18 SEP 19 PM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 SEP 19 PM 1:13  
RECEIVED

SEP 20 2018  
K SAI Y

Electronic Filing Menu: Corporate Filing Menu Help

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

**FILED** 3.002  
18 SEP 19 PM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRUE COLORS TABLEWARE, 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 09/22/17 and assigned Florida document number L17000197456.

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:

4353 NW 72 AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33166

Enter new mailing address, if applicable:

4353 NW 72 AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FLORIDA 33166

**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:

SILVIA M. NOGUEIRA

New Registered Office Address:

4353 NW 72 AVENUE

*Enter Florida street address*

MIAMI

*City*

Florida 33166

*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.*

*Silvia M. Nogueira*  
\_\_\_\_\_  
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	JUAN M. ROJAS	3100 NW 72ND AVENUE SUITE	<input type="checkbox"/> Add
		MIAMI FLORIDA 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVIA M NOGUEIRA	4353 NW 72 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODRIGO C NOGUEIRA	4353 NW 72 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33166	<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

18 SEP 19 PM 1:16  
SECRET  
TALLAHASSEE, FLORIDA

FILED

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

FILED  
19 SEP 19 PH 10: 15  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT  
TALLAHASSEE, FLORIDA


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

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) of the Rules of the Commission, the date of filing of the application is the date of filing for purposes of the filing requirements; this date will not be listed as the effective date of the application.

**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.

Date: 9/1/18  
  
 Signature of a member or authorized representative of a member  
RODRIGO C. NOQUEIRA  
 Typed or printed name of signee