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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

K SAIY APR 10 2018

COVER LETTER

. Div	ision of Cor		•	,
CHDIFCT.	Kolophon L	LC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tamara Lynley Davis		
			Name of Person	
		Kolophon LLC		
		A 4 . 4	Firm/Company	
		1400 NE 57th Court Apt 1	06	
			Address	
		Fort Lauderdale, Florida 33	3334	
			City/State and Zip Code	
		tamara@condofi.com	to be used for future annual report noti-	fication)
For further in	nformation c	oncerning this matter, please ca		
Tamara			954 628-5890 at ()	
	Name o	f Person		e Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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KOLOPHON 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 March 19, 2018 and assigned Florida document number _____L17000206512 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: New Registered Office Address: Enter Florida street address City

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.\$. 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

lf amendin or removed	g Authorized Person(s) authorized to t I from our records:	nanage, enter the title, name, and add	ress of each person being added
MGR = M AMBR = A	Janager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Tamara L. Davis	1400 NE 57th Court, #106	■ Add
		FT Lauderdale, FL 33334	☐ Remove
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fective date, if other than th	Marc e date of filing:	ch 1, 2018	(on	ti e nal)
n effective date is listed, the date m	ist be specific and cannot		or more than 90 days aft	or filling.) Pursuant to 605.0
ite: If the date inserted in this becament's effective date on the learning			ming requirements, tr	us date will not be uster
record specifies a delaye		out not an effecti	ve time, at 12:01	a.m. on the earlier
The 90th day after the re	cord is filed.			
March 30	2018			
ted				
	Jamas	ah XX		
	Signature of a member	or authorized represen	lative of a member	
,				1

Page 3 of 3

Filing Fee: \$25.00