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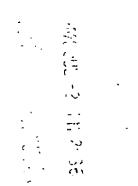
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COVER LETTER

TO:

TO: Registration S Division of Co			
	reative Consulting, LLC		
SUBJECT:	Name of Limit	ed Liability Communy	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Aaron Rolston		
		Name of Person	18%
	Chroma	Firm/Company	
	601 S Delaware Avc. Apt.	1	
		Address	
	Tampa, FL 33606		
	hello@chroma.agency	City/State and Zip Code	
For further information	E-mail address: (in concerning this matter, please ca	to be used for future annual report notifica all:	tion)
Aaron Rolston		813 9975676 at ()	
Name	e of Person	Area Code Daytime T	elephone Number
Enclosed is a check fo	r the following amount:		
晉 \$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 enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kindred Creative Consulting, LLC

company has been notified in writing of this change.

(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 $\frac{11/08/2017}{11/08/2017}$ and assigned Florida document number $\frac{1.1700}{0.0000231141}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Chroma, LLC 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) 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 _, Florida __ 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 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

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>	Address	Type of Action
			
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ective date, if other than the	e date of filing: ust be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this l	block does not meet the applicable statu Department of State's records.	story filing requirements, this date will not be listed
ecord specifies a delayed effect is filed.	we date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after t
	2020	
MA	Signature of a member or authorized repr	
1100	Signature of a member or authorized repr	resentative of a member