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J. HARRIS

COVER LETTER

Div	ision of Cor	porations		
CHDIECT.		COLOR, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		CHRISTOPHER E. THOM	APSON	
			Name of Person	
		BRED IN COLOR, LLC		
			Firm/Company	
		P.O. BOX 11533		
			Address	
		FORT LAUDERDALE, F	L 33339-1533	
		WHOPOGGO & CMAN COM	City/State and Zip Code	
		WISE9778@GMAIL.COM E-mail address: (to be used for future annual report notif	fication)
For further is	nformation c	oncerning this matter, please ca	all:	
TIM WISE			954 630-8779	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 E	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)
		ING ADDRESS: ration Section	STREET/COURI Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

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 Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/03/2018	and assigned
Florida document number L18000084344		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
BRED IN COLOR, LLC	•	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.C."
Enter new principal offices address, if applicable:	20855 NE 16TH AVENUE C22	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33179-2137	100 A
		2000
		THE PERMIT
Enter new mailing address, if applicable:		S. 5
(Mailing address MAY BE A POST OFFICE BOX)		DE S
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> e:	er the name of the new
	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
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Filing Fee: \$25.00