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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bt	usiness Entity Nan	ne)
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COVER LETTER

то:	Registration Sec Division of Corp			
eun te		RICAN COLORS LLC		
SUBJE	LI:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		FERNANDO A DONZINI		
			Name of Person	
			Firm/Company	
		12250 ATLANTIC BLVD	APT 1006	
			Address	
		JACKSONVILLE, FL 322	25	
		ARIELDONZINI@HO ▼ M.	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report noti	fication)
For furti	ner information co	oncerning this matter, please co	all:	
FERNA	NDO A DONZII		904 2581006 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$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)

MAILING ADDRESS:

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TO:

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

A & I AMERICAN COLORS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records mited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Com	pany were filed on 08/20/2019	and assigned
Florida document number L19000213207		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019/201
		23 P. T. T.
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the no
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street uddress	
	, Flo	rida

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.

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	LEONARDO ANDRES SALAS	12250 ATLANTIC BLVD AP 1006	⊟ Add
		JACKSONVILLE FL 32225	
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
		□ Remove	
			☐ Change
		□ Remove	
		Change	
		Remove	
			Change
			Add
			Remove
			☐ Change

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ffect	tive date, if other than the date of filing:
an et	fective 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
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
)Cun	ach selective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
Ine	e 90th day after the record is filed.
ated	10/21/19
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ternen Lo Ariel Dowcius Typed or printed name of signee
	the state of the s

Page 3 of 3

Filing Fee: \$25.00