

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.

(((H22000383278 3)))



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 : E & F LATIN GROUP LLC

Account Number : 120160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

Email Address: OFFICE@EFLATINACCOUNTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THT GLOBAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

NOV 15 2022 K. Brumbley

COVER LETTER

	egistration Se ivision of Cor			
eup uzen	THT GLOE			
SOBJECT	`` :		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	ım all correspo	endence concerning this matter	to the following:	
		DIEGO FIGUEROA		
			Name of Person	·
		E & F LATIN GROUP LL	.C	
			Firm/Company	
		1820 N CORPORATE LA	KES BLVD SUITE 109	
			Address	····
		WESTON, FL 33326		
			City/State and Zip Code	
		DIEGO@EFLATINACCO		*
For further	information c	e-mail address: (oncerning this matter, please c	to be used for future annual report notified	ncation)
	GUEROA	oneoning maner, prease o	ንንያ ኒያና ነንር	
	Name o	f Person	at ()	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
[] S25.00) 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

DocuSign Envelope ID, 39603882-9888-4A9A-B6CD-3EEC454A2870

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THT GLOBAL LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/05/2019	and assigned
Florida document number L19000265505	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
GLOBAL TALENT COLORS LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	YESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our records, <u>enter t</u>	he name of the new registere
agent and/or the new registered office address here:		2
		022 411
Name of New Registered Agent:		
New Registered Office Address:		源 三亚、夏
	Enter Florida street address	
	. Flo	rida o o o o o
	Ciņ-	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	5 8

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 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>	Name	<u>Address</u>	Type of Action
AMBR	JUAN DAVID GOMEZ	1820 N CORPORATE LAKES BLVD SUITE 109	🖸 Add
		WESTON, FL 33326	□Remove
			=Change
AMBR	ANGELA M LONDONO	1820 N CORPORATE LAKES BLVD SUITE 109	□Add
		WESTON, FL 33326	□Remove
			BChange
AMBR	OSCAR J GOMEZ	1820 N CORPORATE LAKES BLVD SUITE 109	≣ Add
		WESTON, FL 33326	□Remove
			□Change
	and the state of t		□Add
			□Remove
			Change
			□Renюve
			□Change
			🗀 Add
			□Remove
			MChanga.

DocuSign Envelope ID: 396038B2-9B8B-4A9A-B6CD-3EEC454A2870

 			
			·
			.
			
			
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable	(options to of filing or more than 90 days after filing statutory filing requirements, this day	nl) ng.) Pursuant to 605.0207 (3)(l te will not be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated SEPTEMBER 12	2022		
	Occusioned I		
		d.cepresentative of a member	

Typed or printed name of signee