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.

(((H20000328649 3)))



H2000003286493ABC1

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 : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLORFUL DAY DESIGNS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Y SULV-

SEP 22 2022

Electronic Filing Menu

Corporate Filing Menu

Help

 \sim

Ci..

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d _i	olorful Day Designs, LLC
1	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	organization for this Limited Liability Company were filed on 06/29/2020 and assigned t number 1.20000176096
This amendmen	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."
	ipal offices address, if applicable:
	address MUST BE A STREET ADDRESS)
Enter nen meil	and address of the second of t
	ng address, if applicable:
totanny address	MAY BE A POST OFFICE BOX
B. If amending agent and/or the	the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> new registered office address here:
Name o	New Registered Agent:
New Re	gistered Office Address:
	Enter Florida street address
	, Florida
Name Designation of a	City Zip Code
	gent's Signature, if changing Registered Agent;
provisions of all accept the oblig being filed to me	the appointment as registered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and utions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is rely reflect a change in the registered office address, I hereby confirm that the limited liability an notified in writing of this change.
	W. Changles Prediction 1 to 100
	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

	of Action
Miami, FL 33155 □Ro □Ro □ An □ □Ro □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	dd
	move
	ange
	1 d
—————————————————————————————————————	move
⊃Re	unge
	ld
	move
	алде
	ld
	nove
	ange
	lđ
	move
	ange
	d
	move
	ange

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
_	
_	
_	
<u></u>	
_	
(II an effo	te date, if other than the date of filing:
If the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	09/18/2020 Mana Manager of a member of a member of a member
	Anna Figuroa - Mendez Typed or printed name of signee