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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : Y. GONZALEZ CPA PA

Account Number: I20120000018 Phone : (786)383-4095

Fax Number : (888)769-0857

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

Cont. Address.			
	Fmail Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAJESTIC COLORS LLC

- A-	
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C. BRUMBLEY

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Help

TO:

Fax: 18887690857

Registration Section

COVER LETTER

Div	ision of Cor	porations a	r	
(18 185 E87 619°	MAJESTIC	COLORS LLC		
SUBJECT:		Name of Lim	ted Liability Company	
The enclosed	d Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROGER ALFONSO FER	NANDEZ PINEDA	
			Name of Person	
		MAJESTIC COLORS LLC		
			Firm/Company	
		2301 NW 24 AVE APT 30	8	
			Address	
		MIAMI, FL 33142		
		akay2210@amail.com	City/State and Zip Code	
		elroy3240@gmail.com E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	ail:	
ROGER AI	LFONSO FE	RNANDEZ PINEDA	786 378-0870	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
▼ \$25.00 F	Filing Fee	S30.00 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)
	iling Addres gistration S		<u>Street Address:</u> Registration S	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To: Division of Corporations_63 Fax: (850) 617-6383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAJESTIC COLORS LLC				
(Name of the Limited I.	.iability Compa Tonda Limited I	ny as it now appears o Liability Company)	n our records.)	
he Articles of Organization for this Limited Liabil	lity Company	were filed on 07/30	/2020	and assigned
lorida document number L20000227177	·			
his amendment is submitted to amend the following	ng:			
. If amending name, enter the new name of the	e limited liab	ility company here	;	
/a				
ne new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the design	gnation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	п/а		<u> </u>
Principal office address MUST BE A STREET A	(DDRESS)			2022 S
	-			
				27 HAS
nter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE BOX)				Es e
				- <u> </u>
. If amending the registered agent and/or registered agent and/or the new registered office address h		address on our reco	ords, <u>enter the m</u>	ime of the new regi
Name of New Registered Agent:	n/a			
New Registered Office Address:	· • • • • • • • • • • • • • • • • • • •			
		Enter Florida	i sireet address	
			, Florida	
		City	, i lorida ,	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

From: Y.Gonzalez CPA, PA Fax: 18887690857 To: Division of Corporations_63 Fax: (850) 617-6383

Page: 4 of 5

09/27/2022 9:54 AM

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
AMBR	Tania Carolina Cabrera Carcamo	2301 NW 24 AVE APT 308	Ndd
		MIAMI, FL 33142	□Remove
			☐ Change
•			□ Add
		 	Remove
			□Change
	 		
			Remove
			Change
			□Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			□Add
			Remove
			C) Change

Fax: 18887690857

n/a 				
				<u>-</u>
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	10 to		nv	
				
				
110,0,11				
	. A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(
ective date, if other than the offective date is listed, the date must	be specific and cannot be prior	to date of filing or more th	(optional) an 90 days after filing.) Pursu	ant to 605,020
te: If the date inserted in this blo	ck does not meet the applic	able statutory filing req	airements, this date will no	ot be listed as
ument's effective date on the De	partment of State's records	,		
cord specifies a delayed effective s filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
September 20th	2022			
ed		<u> </u>		
	(MX/\/			
	· /1 * //			

Filing Fee: \$25.00

Typed or printed name of signee