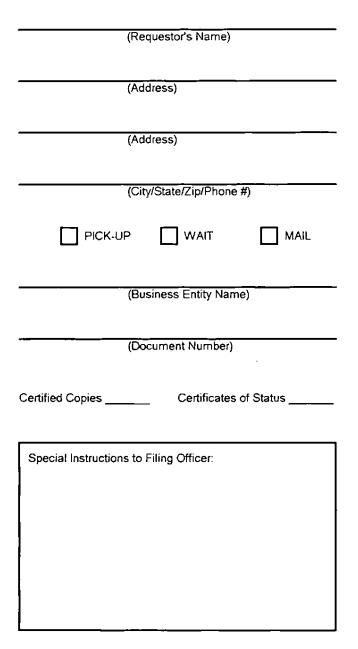
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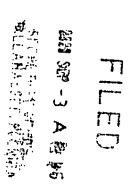


Office Use Only



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COVER LETTER

TO: Registration So Division of Cor					
·	, MATCH COLORS, LLQ				
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANGELICA GONZALEZ				
		Name of Person			
		Fire Complete			
	11981 SW 12TH ST				
	Address DENCODZAGE DINES DE 22025				
	PEMBROKE PINES, FL 33025				
	angelicag90@gmail.com	City/State and Zip Code			
	E-nyul æidræs: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
ANGELICA GONZALEZ		954 512-9736 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he 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: Registration Society		Street Address: Registration Section			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee El 32314		2415 N. Monroe Street, Suite \$10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATCH COLORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 98/20/2020 and assigned Florida document number L20000257911

This amendment 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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 hain 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 charge in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

ANGELICA GONZALEZ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
AP	ANGELICA GONZALEZ	11981 SW 12 FH ST	= Add
		PEMBROKE PINES, FL 33025	
			□Change
AP	MARIA ANGELICA GONZALEZ	11981 SW 12TH ST	
		PEMBROKE PINES, FL 33025	_
		****	□ Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
	<u></u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 record is filed. SEPTEMBER 1 2020 Dated ANGELICA GONZALEZ Typed or printed name of signee