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COVER LETTER

Division of Con		, , , , , , , , , , , , , , , , , , ,	
	olor Palette LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Spencer J Thomas		
	·	Name of Person	
		Firm:Company	
	8410 Ramsgate Road		
		Address	
	Pensacola, Florida 32514		
	th among lamphattalla (iven	City/State and Zip Code	
	thomascolorpalettelle@gma E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Gloria F Thomas		850 602-2853	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	ntion
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(ITTOTICA SILINA SILINA, COMPANY)		
The Articles of Organization for this Limited Liability Company were filed on January 11, 2021	and assign	ed
forida document number L21000023604		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here:		
If amending name, cuter the new name of the numed national company nere.		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbro iation "L.I.C	• • • • • • • • • • • • • • • • • • • •
the new name must be distinguishable and contain the words. Entitled Elability Company, the designation table to the	addictiation that	•
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
And the second of the second o		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> gent and/or the new registered office address here:	ime of the new r	<u>egiste</u> i
ent and/or the new registered office address here:		
Name of New Registered Agent:		
	 	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
New Registered Office Address: Enter Florida street address	21	
New Registered Office Address: Enter Florida street address	Z Zip Code≭	·
New Registered Office Address: Enter Florida street address , Florida City	Zip Cod A	S NOT STATE OF STATE
New Registered Office Address: Enter Florida street address , Florida City ew Registered Agent's Signature, if changing Registered Agent:	<u> </u>	Ť:
New Registered Office Address: Enter Florida street address	<u>l</u> igree to con igi s	n#11
New Registered Office Address: Enter Florida street address City ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent and agree to act in this capacity. I further a covisions of all statutes relative to the proper and complete performance of my duties, and I and	<u>l</u> igree to comple n familiar with a	with the
New Registered Office Address: Enter Florida street address Florida City ew Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent and agree to act in this capacity. I further a covisions of all statutes relative to the proper and complete performance of my duties, and I an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O	ngree to comply on familiar with a or, if this docy	with the
New Registered Office Address: Enter Florida street address	ngree to comply on familiar with a or, if this docy	with the

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	Gloria F Thomas	8410 Ramsgate Road, Pensacola FL 32514	≅Add
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Tective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the enartment of State's	he applicable si records.	tatutory filing re	quirements, this d	ing.) Pursuant to 6 ate will not be E	is tee t as
ecord specifies a delayed effective is filed.	e date, but not an ef	fective time, at	t 12:01 a.m. on t	he earlier of: (b)		3 €
February 25	. 201	21				3: Op
						:
	See-	. L. Z	L	_		,
	Surrange Signature of a member	1	representative of a	member		,