## L21000060053

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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A. RIVERS

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
0.10.10	COLORET	T, LLC			
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filling.		
		ondence concerning this matter			
		Carlos Dannery			
			Name of Person		
		Coloreti, LLC			
	Firm Company				
	900 Biscayne Blvd. Apt. 4603				
	Address				
	Miami, Fl. 33132				
	City/State and Zip Code				
		cdannery@yahoo.com			
			to be used for future annual report no	tification)	
For furt	her information e	oncerning this matter, please c	all:		
Carlos Dannery			786 499-2940		
Name of Person			Area Code Daytir	ne Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>■</b> \$25	.00 Fifing 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		Street Address: Registration Section			
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLORETI, 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 Feb. 03, 2021 and assigned Florida document number <u>L21000060053</u> 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Casandra Abello	900 Biscayne Blvd.	■Add
		Apt. 4603	□Remove
		Miami, FL 33132	□Change
	<del></del>		⊐∧dd
			[]Remove
			□Change
	_ <del></del>		□Add
			□Remove
			□Change
			□ Remove
			□Change
			☐Add
			∐Remove
			Change
<del>.</del>	<del></del>	<del></del>	
			□Remove
			□Change

Typed or printed name of signee