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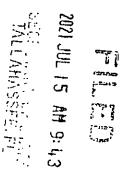
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
SURJEC	ct: MO	NCOTIE CA	Peations LL o	C
COLORIS		Name of Limi	ted Liability Company	
			No. 10. OF	
The encl	osed Articles of A	mendment and fee(s) are sub-	nifted for filing.	
Please re	eturn all correspon	dence concerning this matter t	to the following:	
		Ramire	22, DANIELA Name of Person	
		7//0/160118	Creations LL Firm/Company	
		3525 SW	/ /6 TCRIZ Address	
		miami	FL 33145 City/State and Zip Code	
		DAnielara E-mail address: (to	mirez 89918 H	GTMail. (OM
For furth	er information co	ncerning this matter, please ca	11:	
Rus	nine? I	DANICL Q Person	at (<u>786</u>) <u>4/6 –</u> Area Code Daytimo	3994 Telephone Number
Enclosed	I is a check for the	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	-	Street Address:	···
	Registration Solution of Co		Registration Sec Division of Cor	
	P.O. Box 6327	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUNCOTIP CREATIONS 1/C

(Name of the Limited	1 Liability Company as it now A Florida Limited Liability Com	appears on our records.) pany)			
The Articles of Organization for this Limited Lia Florida document number <u>L2/000/2</u> 0		on <u>3 17 21</u>	and a	ssigne	d
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liability compa	any here:			
			£.	26	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company	"the designation "LLC" or the	abbreviation "	ቪቬ.c." }=	क्ल्यून है
Enter new principal offices address, if applica	ble:		<u>;>;</u>	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	este Transis 195	<u> </u>	1 7 7
			131) (m) (m)	
			,	ڣ	A case
Enter new mailing address, if applicable:			r .	ည်	
(Mailing address MAY BE A POST OFFICE B	<u></u>				
B. If amending the registered agent and/or reagent and/or the new registered office address		our records, enter the na	me of the n	ew reg	zistered
Name of New Registered Agent:	Ramirez	, DANIELA			
New Registered Office Address:	3525 SW	16 TCLR ver Florida street address	-		
	MiAMi City	, Florida _	3314 Zip Coa	S le	

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, 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 3525 SW/GTCRR	Type of Action
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difference of the converse	c date on the Departme	en or order	.		
cord specifies a c s filed.	lelayed effective date.	but not an effectiv	e time, at 12:01 a.m	, on the earlier of: (b) The 90th day after th
ed MAY	/0	<u>202</u>	<u>2/</u> .		
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	Signatu	ure of a member or a	uthorized representative	ve of a member	