L21000129634

| (Requestor's Name | :) |
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| (Address) | |
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| PICK-UP WAIT | MAIL |
| (Business Entity Na | arne) |
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| Certified Copies Certificate | es of Status |
| Special Instructions to Filing Officer: | |
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C. BRUMBLEY
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| COLORS (| OF THE WIND LLC | | | |
|---|---|---|---|--|
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Joyce Johnson | | | |
| | | Name of Person | - • • • | |
| | | Firm/Company | | |
| | 3225 McLeod Drive, Suite | : 100 | | |
| | | Address | | |
| | Las Vegas, Nevada 89121 | | | |
| | | City/State and Zip Code | | |
| | jjohnson@andersonadvisor | s.com to be used for future annual report not | | |
| For further information c | oncerning this matter, please c | | meanon) | |
| Joyce Johnson | | 800 706-4741 | | |
| Name o | f Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a check for the | ne 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 Addres | | Street Address: | etion | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| P.O. Box 632 | .7 | The Centre of T | | |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COLORS OF THE WIND LLC | | |
|---|--|-----------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our relited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Comp | oany were filed on 3/29/2021 | and assigned |
| lorida document number L21000129634 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited I | Liability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | . | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | <u>></u> |
| | | 022 |
| | | EB 7 |
| inter new mailing address, if applicable: | | -8 |
| Mailing address MAY BE A POST OFFICE BOX) | | %C ≩ 177 |
| | | |
| | | 34 |
| 3. If amending the registered agent and/or registered off gent and/or the new registered office address here: | ice address on our records, <u>er</u> | iter the name of the new regis |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ac | ldress |
| | | , Florida |
| | City | Zip Code |

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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|--------------|--------------------------------------|----------------|
| MGR | AUMALA, LI.C | 1718 Capitol Ave. Cheyenne, WY 82001 | 🗆 Add |
| | | | ■Remove |
| | | | □Change |
| AMBR | AUMALA, LEC | 1718 Capitol Ave. Cheyenne, WY 82001 | ■Add |
| | | | □Remove |
| | | | Change |
| | | | 🗀 Add |
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