L21000390528

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SUBJECT: <u>De C</u>	oloy Statio LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	carolina M. Va	Name of Person	
		Firm/Company	
	461 Madison D		
	bavenport, FL cvazguezr 076 E-mail address:	33837 City/State and Zip Code Gmail · LOM to be used for future annual report no	tification)
For further information co	oncerning this matter, please co		
Carolina M. Va	Equez Lamos	at (<u>786)</u> <u>438</u> - Area Code Daytii	me Telephone Number
Enclosed is a check for th	e 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 tadditional copy is enclosed
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration So Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

De Color Studio LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000390528</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
SACRA333 LLC. The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	461 Madison Dr. Davenport, FL, 33837
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	461 Madison Dr. Davenport, Fl. 33837
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>
Name of New Registered Agent:	27 123 123
New Registered Office Address: 4(2) Had	Emer Florida street address
baverpa	City . Florida 3383 7
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume.

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
docun	nent's effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after led.
Dated	November 16 2027
	C 1/2 may Roman
	- voyay ici
	November 16. 2028. C. Vaggy Rome Signature of a member or authorized representative of a member Caroling M. Vazguez Ramos Typed or printed name of signee

THE COLON