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09/20/21--01021--002 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Color by Rachel LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rachel Kerzner Name of Person
Color by Rache) Firm/Company
4044 W. Kennedy Blud.
Tampa, FL 33609 City/State and Zip Code
rechel kerzner @ 5 mal, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pachel Kerzner at (813) 447 - 0308 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Zip Code

(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 9/16/21 and assigned Florida document number				
This amendment is submitted to amend the foll	owing;			
A. If amending name, enter the new name o	f the limited liability co	ompany here:		
The new name must be distinguishable and contain the v	words "Limited Liability Con	npany," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre		s on our records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:	Rachel	Kerzner		
New Registered Office Address:	3410 W.	BARCEIONA S Enter Floridu street address	+ Unit I	
	Toma	Planta.	22122	

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.

The A

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 Title **Address** Type of Action Name. AMBR RACHU KEYZNER 3410W. BARCEIONO ST XXIdd TAMPO, FL, 33629 Remove _____Change ______ □Remove _____ □Change

____ □Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
f the recon ecord is fil	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 the led.
Dated	9/10/21
	9/16/21 TZK Signature of a member or authorized representative of a member
	Rachel Kerzner

Typed or printed name of signce