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Office Use Only



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T. MATTHEWS FEB 10 2022

COVER LETTER

TO:	Registration Se Division of Cor		1	
SUBJI	A&D Kolor	LLC		
.7()13()	<u></u>	Name of Lim	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alejandro Colorado		
			Name of Person	
		A&D Kolor LLC		
			Firm/Company	
		16428 Sw 82st		
			Address	
		Miami, FL, 33174		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please c	all:	
Alejan	dro Colorado		786 5909200 at ()	
Name of Person			Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
≡ \$2	5.00 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: 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 OF

22 FEB -2 FH 3: 21

A&D KOLOR 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 w Florida document number <u>L21000469555</u>	ere filed on 10/28/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	*Company," the designation "LLC"	or the abbreviation "L.L.C."
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)		<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F	U am familiar with and S. Or, if this document is

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
AMBR	Daniela Vargas Marin,	16428 Sw 82nd st. Miami, FL. 33193	≣ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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ective date, if other that it effective date is fisted, the date: If the date inserted in nument's effective date on	ate must be specific a this block does no	and cannot be prior to it meet the applicab	date of filing or r	(op) nore than 90 days aft ng requirements, th	er filing.) Pursuant to 60	05.0207 sted as 1
cord specifies a delayed e s filed.					(b) The 90th day aff	ter the
			1 0			
ted January, 25		_ · 2022	- Al	19		
ted		a member or authori	Land	Che y		