## L21000475478

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(5	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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A. PARISHANI

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## **COVER LETTER**

TO: Registration Section

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	OF COLORS PAINTING LLC				
	Name of Lin	nited Liability Company			25
				_	F. II. E262
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			.Ē
Please return all correspo			-8 P		
	MYRIAM RAMOS ECH	AVEZ		[ ]	PH 12: 40
		Name of Person	<del></del>	-	Ö
	WORLD OF COLORS PA	AINTING LLC			
		Funt Company		<del></del>	
	13805 AZALEA CIR APT	T 102			
	<del></del>	Address		_	
	TAMPA FL 33613				
		City/State and Zip Code		_	
		TINGLLC@GMAIL.COM			
		to be used for future annual report no	tification)		
For further information c	concerning this matter, please c	all;			
MIRYAM RAMOS ECHAVEZ		813 403-4641 at ()			
Name of Person		Area Code Daytir	ne Telephone Numbe	r	•
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &
Mailing Address		Street Address:			
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632	•	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD OF COLORS PAINITING LLC

( <u>Name of the Lin</u>	iited Liability Compa (A Florida Limited	uny as it now appears on our record Liability Company)	7 2023				
The Articles of Organization for this Limited Liability Company were filed on 11/03/2021			an@assigned '				
Florida document number <u>L:21000475478</u>			1				
This amendment is submitted to amend the fo			8 PH12: 40				
A. If amending name, enter the new name	of the limited liah	ility company here:	÷:				
WORLD OF COLORS RENEWAL LLC			0				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."				
Enter new principal offices address, if appl	icable:	13805 AZALEA CIR APT 102	)				
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33613					
Enter new mailing address, if applicable:		13805 AZALEA CIR APT 102					
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	TAMPA FL 33613					
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	nddress on our records, enter	the name of the new registered				
Name of New Registered Agent:	WITKIAN KAN	SIOS ECHAVEZ					
New Registered Office Address:	13805 AZALEA						
	Enter Florida street address						
	TAMPA	, Flo	orida 33613 Zip Code				
New Registered Agent's Signature, if changing	Dagistarad Laant.	Cuy	Zip Code				
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	ed agent and agro per and complete istered agent as p	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is				
being filed to merely reflect a change in the company has been notified in writing of this	registered office change	address, I hereby confirm tha	it the limited liability \				

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
			L^Add
			L2Add
			Te Change
			LIRemove
			∐Remove
			□Remove
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n effective date is l <b>te:</b> If the date ii	isted, the date mus iscrted in this bl	date of filing: a be specific and e ock does not me epartment of Sta	annot be prior to	o date of filing or ble statutory fil	more than 90 da	(optional) ys after filing.) I its, this date w	Pursuant to 605 ill not be liste
cord specifies a s filed.	delayed effectiv	e date, but not a	n effective tin	ne, at 12:01 a,n	n. on the earlier	of: (b) The (	90th day after
ed	AG	<del>7 1 9</del>	2023	_ •			