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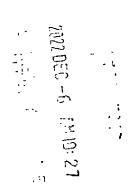
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
SUBJECT: Cade	ince in Colo	)/	
	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:	
		Many of Person	
	<u>Cadence</u> 1	n Color LLC Finn/Company	
	P.O. Box	§3.7 Address	
	Wimauma	F1 33598 City/State and Zip Code	2022 DEC -
	Cadencencol E-mail address:	or Gamail Com	(fication)
For further information c	oncerning this matter, please c		% (2)
		at ()	;.· —
Name o	f Person	at () The Area Code Daytim	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 hepy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee. I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cadence in Colo	or LLC	
(Name of the Limited Liability (A Florida L.	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>LDD000 D9785</u>	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	d Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRE.	(22)	
The party of the water of the party of the p		- 12 P2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		59
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	•
agent and of the new regimered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, 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>	Name	Address	Type of Action
AMBR	Indygo Mangram	14522 Scottburgh GH	en Sadd
	,0	14522 Scottburgh GH	□Remove
			□Change
MGR	Kamal Mangram	14522 Scattburgh Glan	D'ETAdd
		Wimauma F133598	□Remove
			□Change
			20 A D C C
			DRemove
			□Change
			C3 □Add
			Remove
			🗆 Change
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record specifies a delayed effective distilled.	ate, but not a	an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th	day after the
Ald November 30 Callansis	·	2002	<del>}</del>				
1/ ///	011	M					