## 123000325000

(Requestor's Name)
(Address)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

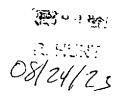
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CIVISION OF CONTROLATION



## **COVER LETTER**

TO: Registration Se Division of Cor			
Colours to SUBJECT:	Polish Services LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Donnet May Dennis-Oldad	cre	
		Name of Person	
	Colour to Polished Service	es LLC	
		Firm Company	
	2107 SW 23rd Ct		
		Address	<del> </del>
	Boynton Beach FL 33426		
		City/State and Zip Code	<del></del>
	clarenceoldacre56@gmail.c	om to be used for future annual report no	<del></del>
For further information e	oncerning this matter, please c	·	оспелани
Donnet May Dennis Oldacre		561 8565374	
Name o	f Person	at () Area Code Dayt	ime 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 copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration S Division of C	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

624 PHI2: 40

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colours To Polish ServiceLLC

(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 Florida document number $\frac{L23000325000}{L}$ .	y were filed on <u>07/10/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
COLOUR TO POLISHED SERVICE LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	abbreviation "E.L.C."
Enter new principal offices address, if applicable:		<u>N</u> 0
(Principal office address MUST BE A STREET ADDRESS)		23 XI
		8UG
		74 24 X
Enter new mailing address, if applicable:		P H
(Mailing address MAY BE A POST OFFICE BOX)		72
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nar</u>	ne of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is
If Cha	nging Registered Agent, Signature of New R	egistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Donnett D Oldacre		
			Remove
			Change
MGR	Donnet May Dennis₄Oldacre		<b>=</b> Add
		□Remove	
		<del></del>	☐ Change
			2023 AUG 24 □Remote
			AUG 24 PH 199: 40
			PH Grange SA
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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Note:	ive date, if other than the date of filing:	o 605.0207 ( e fisted as t
ne recor ord is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day led.	after the
Dated	·	
	Donnet May Dennil - Oldares  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Donnet May Dennis-Oldacre	

Filing Fee: \$25.00