

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



400424436934

0,2,129,724 --01019 --014 **25.00

2024 FEB 26 AM 9: 03
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
Kromatiqu	ie. LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nathalie Wertenstein Ezag	guri	
		Name of Person	2024 FEB 26 M 9: 03 SECRETARY OF STATE TALL AHASSEE, FL
		Firm/Company	TAR. AH.
	3601 NE 207th St 1210		889 3
		Address	9: 03 E.F.F.
	Aventura, Florida 33180		יניו
	nwertenstein@gmail.com	City/State and Zip Code to be used for future annual report no	tification)
For further information	concerning this matter, please c	•	(Treation)
Nathalic Wertenstein		786 5374463	
Name	of Person		me Telephone Number
Enclosed is a check for t	the 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 Addre Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 63: Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kromatique, L L C		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records Liability Company)	<u>F)</u>
The Articles of Organization for this Limited Liability Company	were filed on 1/29/2024	and assigned
Florida document number L24000052021		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Kromatique Decor, LLC		
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 applicable:	20281 E Country Club Dr	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Unit 1605	
	Aventura, FL 33180	SEC DE
Enter new mailing address, if applicable:	20281 E Country Club Dr	FEB 26
(Mailing address MAY BE A POST OFFICE BON)	Unit 1605	200 =
	Aventura, FL 33180	Muy 9
	-	77 03
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
		orida
	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>	<u>Name</u>	Address	Type of Action
			bbA□
			□ Remove
			☐ Change
			□Remove
			2021 FEB 26 AM Semove SECRETARY OF STATE TALLAMASSEE FL
			OP DAdd
			□ Change
			⊡Add
			□Remove
		-	□Change
			□Add
			□ Remove
			Change
			□Remove
			Change

				-
				_
				_
			10-	_
				-
		-		_
			2024F SECF	<u> </u>
			FEB 2	1 5 ************************************
			表 6	- 5 - 5
			SESS S	
		<u> </u>	四日 0	_
			- 171 	_
				-
				_
			·	_
ffective date, if other than the dian effective date is listed, the date must be local. If the date inserted in this blocoument's effective date on the Dep	ate of filing: be specific and cannot be prior to date of fick does not meet the applicable status fartment of State's records.	(option filing or more than 90 days after fil tory filing requirements, this d	al) ing.) Pursuant to 60 ate will not be li	– 05.0207 sted as
record specifies a delayed effective. I is filed.	date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b)	The 90th day aff	ter the
ated February 19	, 2024			
ated	ignature of a member or authorized repre			