

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOOD DAY TAX
Account Number : I20210000158
Phone : (407)301-1108
Fax Number : (407)440-3122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLORS FM LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON
JUN 25 2024

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: COLORS FM LLC**_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For:

OROZCO, MARIO_____
Name of Person_____
COLORS FM LLC_____
Firm/Company_____
1536 W VINE ST_____
Address_____
KISSIMMEE, FL 34741_____
City/State and Zip Code_____
colorsfm@hotmail.com_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OROZCO, MARIO_____
407_____
758-8457_____
at ()_____
Name of Person_____
Area Code_____
Daytime Telephone Number

Enclosed is a check for 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 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 32303FILED
SECRETARY OF STATE
24 JUN 26 PM 4:17
TALLAHASSEE, FL 32309

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLORS FM 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 were filed on 02/22/2024 and assigned
Florida document number L24000093249

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
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MGR	GONZALEZ, LUIS	11177 PRAIRE HAWK DR	<input type="checkbox"/> Add
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11:10
SECRETARY OF STATE
OFFICE OF
REGISTRATION &
COMMERCE
2 JUN 24 PM 17

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

24	10	24	PM	17
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FILED
CLERK OF DISTRICT COURT
JAN 20 1906


E. Effective date, if other than the date of filing: _____ (optional)

1: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 24, 2024



Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

Filing Fee: \$25.00