

L24000095349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

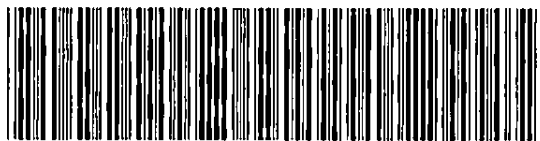
(Business Entity Name)

(Document Number)

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04/15/24--01022--017 **25.00

5-21-24

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2024

GARY OSBORNE
3029 N ROOSEVELT BLVD
KEY WEST, FL 33040

SUBJECT: COLOUR OF BLACK LLC
Ref. Number: L24000095349

We have received your document for COLOUR OF BLACK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and print your name on the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 124A00009375

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Colour Of Black 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:

Gary Osborne

Name of Person

Colour Of Black LLC

Firm/Company

3029 n Roosevelt Blvd

Address

Key West 33040

City/State and Zip Code

jay024464@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Christopher

786 4388549
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 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Colour Of Black 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 February 23, 2024 and assigned
Florida document number 1.24000095349.

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:

Jamie Christopher

New Registered Office Address:

3029 N Roosevelt Blvd # 48

Enter Florida street address

Key West

City

Florida 33040

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> |
|--------------|-------------------|----------------------------|--|
| Ap | Jamie Christopher | 3029 n Roosevelt Blvd # 48 | <input type="checkbox"/> Add |
| | | Key West 33040 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Ap | Gary Osborne | 3029 n Roosevelt Blvd | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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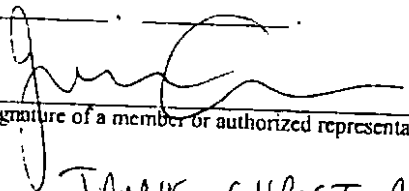
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(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 5/20/24



Signature of a member or authorized representative of a member

JAMIE CHRISTOPHER

Typed or printed name of signee