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11 JAN 24 PM 12: 24

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN 25 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	Print Time	e Signs & Printing			
	Name of Lim	Name of Limited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
		Hannier Dominguez			
		Name of Person			
	Pri	nt Time Signs & Printing			
		Firm/Company			
	!	943 NW 106 Ave. Cir.			
		Address			
		Miami, Florida 33174 City/State and Zip Code rushgok@gmail.com			
	E-mail address:	to be used for future annual report notific	cation)		
For further information	on concerning this matter, please	call:			
	innier Dominguez		285-8399		
Nan	ne of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check fo	or 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

FILLL SECRETARY OF STATE

11 JAN 24 PM 12: 24

Print Time Sign (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ns & Printing ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
House of Wraps			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	943 NW 106 Ave. Cir.		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33174		
Enter new mailing address, if applicable:	943 NW 106 Ave. Cir.		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33174		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Martaging Member being added or removed from our records:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	- W
 			FILED SECRETARY OF STAT ISION OF CORPORAL 11 JAN 24 PH 12: 2
Dated	Juny/w	W 141	OF STATE OF STATE PM 12: 24
	Signature of a member Han Typed	drauthorized representative of a member nnier Dominguez or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00