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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX PLACE

Account Number : I20100000011 Phone : (954)369-4444

Fax Number : (954)369-4446

TL. ED 1020 NOV - 4 AM 10: 52

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

NOY -4 AM 11: 49

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRINT DEPOT OF THE AMERICAS, LLC

| Certificate of Status | 1 |
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINT DEPOT OF THE AMERICAS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| | | : | ; |
|--------------|---|--|--------------|
| | cles of Organization for this Limited Liability Company were filed on 09/24/2 0092559. | 009 and assigned Florida docume | ent number |
| This am | endment is submitted to amend the following: | | |
| · А. | If amending name, enter the new name of the limited liability company | here: | |
| The new | vineme must be distinguishable and end with the words "Limited Liability Comition" L.L.C. | pany," the designation "LLC" or the | |
| Enter | new principal offices address, if applicable: | | |
| Enter i | new mailing address, if applicable: | | , |
| 8. | if amending the registered agent and/or registered office address on o | our records, <u>enter the name of th</u> | 7 man |
| | registered agent and/or the new registered office address nere. | - | 0.₩ |
| <u>Name</u> | If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here: of New Registered Agent: | - . | . 4G |
| <u>New R</u> | tagistared Office Addre <u>se:</u> | 66.5 96.5 96.5 | # 4- |

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 statues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions 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

2

If amending the Managers or Authorized Member on our records, enter the tips, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager
AMBR= Authorizes Member

Title Name Address Units
MGR CASSIO BATISTA 1660 West Hillsboro Bivd
DEERFIELD BEACH, FL 33442

MGR ALDERANO AMERICO FILENI 1660 West Hillsboro Blvd ☑ Add DEERFIELD BEACH, FL 33442

MGRM LOG & PRINT GRAFICA, DADOS VARIAVEIS E LOGISTICA S.A. 100% 🗹 Add

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Type of Action

MREMOVE

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| if americing any other mormation, enter changes(s) here: [Attach souldons sheets, it necessary.] | | | | |
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D. Effective date, if other than the date of filling: 11/04/20 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 99 days after the cate this document is filed by the Florida Department of States)

X
Signatore et a member of authorized representative of a member
Alderand Americo Fileni - Manager

Typed or printed name of signee