

L12000037530

(Requestor's Name)

(Address)

(Address)

(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



700235869967

09/10/12--01025--008 **50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 10 PM 4:02

FILED

B. BOSTICK

SEP 11 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI PRO GRAPHICS, 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:

ADELE MOSCOSO

Name of Person

MIAMI PRO GRAPHICS

Firm/Company

1221 SW 27 AVE. SUITE 302

Address

MIAMI FL 33135

City/State and Zip Code

adele@miamiprographics.com

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

For further information concerning this matter, please call:

ADELE MOSCOSO

Name of Person

at (**305**)

799-9872

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

12 SEP 10 PM 4:02

FILED

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

MIAMI PRO GRAPHICS, 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 03/16/2012 and assigned Florida document number L12000037530.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MIAMI PRO GRAPHICS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1221 SW 27 AVE. SUITE 302

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33135

Enter new mailing address, if applicable:

1221 SW 27 AVE. SUITE 302

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33135

FILED
12 SEP 10 PM 4:02
TALLAHASSEE, FLORIDA

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:

ADELE MOSCOSO

New Registered Office Address:

1221 SW 27 AVE. SUITE 302

Enter Florida street address

MIAMI

City

Florida

33135

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

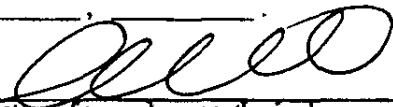
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CLAUDIO A. GENOVESE</u>	<u>185 SE 14 TH TERRACE #1211</u> <u>MIAMI FL 33131 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>DIANA M. ARBELAEZ</u>	<u>5400 LAGORCE DR</u> <u>MIAMI BEACH FL 33140</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9/3/12



Signature of a member or authorized representative of a member

Adele Moscoso

Typed or printed name of signee

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

12 SEP 10 PM 4:02

FILED