

L16000014670

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 : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-9600
Fax Number : (323) 962-3889

\*\*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
MCFAIRBANKS AMERICA, LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (06), and Estimated Charge (\$55.00).

2017 OCT 10 AM 9:00

Vertical stamp text

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FLORIDA

2016 OCT 10 A 9:43

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MCFAIRBANKS AMERICA, 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:

Cheyenne Moseley  
Name of Person  
Legalzoom.com, Inc.  
Firm/Company  
101 N. Brand Blvd., 11th Floor  
Address  
Glendale, CA 91203  
City/State and Zip Code  
danmaciel@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley at ( 800 ) 773-0888 ext. 9724  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCFAIRBANKS AMERICA, 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 01/21/2016 and assigned Florida document number L16000014670.

This amendment is submitted to amend the following:

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

3D Print It 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:

14951 Royal Oaks Ln, 2303

**(Principal office address MUST BE A STREET ADDRESS)**

North Miami, FL 33181

Enter new mailing address, if applicable:

14951 Royal Oaks Ln, 2303

**(Mailing address MAY BE A POST OFFICE BOX)**

North Miami, FL 33181

**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

\_\_\_\_\_, 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 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**

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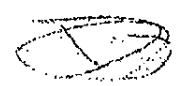
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marta Bernardi Duque Estrada Maciel	14951 Royal Oaks Ln, #2303-02	<input type="checkbox"/> Add
		Miami, FL Miami	<input checked="" type="checkbox"/> Remove
AMBR	Daniel Pereira Maciel	14951 Royal Oaks Ln, 2303	<input checked="" type="checkbox"/> Add
		North Miami, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input 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.)**

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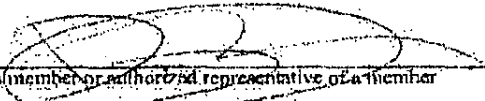
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 4th, 2016

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**Daniel Perera Maciel**  
 \_\_\_\_\_  
 Typed or printed name of signer

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