L16000134042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
OCT 19 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

HECTOR LOPEZ
14213 COLONIAL GRAND BLVD., UNIT 2108
ORLANDO, FL 32837

SUBJECT: PROCESS GRAPHICS SERVICES LLC
Ref. Number: L16000134042

We have received your document for PROCESS GRAPHICS SERVICES LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00019206

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PROCESS GRAPHICS SERVICES 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:

HECTOR LOPEZ
Name of Person

PROCESS GRAPHICS SERVICES LLC
Firm/Company

14213 COLONIAL GRAND BLVD APT. 2108
Address

ORLANDO FL 32837
City/State and Zip Code

norenessi@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR LOPEZ at (407) 7792130
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

PROCESS GRAPHICS SERVICES 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 DEPARTMENT OF STATE and assigned Florida document number L16000134042.

This amendment is submitted to amend the following:

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

PROCESS DESIGN PUBLICITY LLC

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)

14213 COLONIAL GRAND BLVD APT 2108, ORLANDO
FL 32837

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14213 COLONIAL GRAND BLVD APT 2108, ORLANDO
FL 32837

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: 14213 COLONIAL GRAND BLVD APT 2108
Enter Florida street address

ORLANDO, **Florida** 32837
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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

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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 10/13, 2016.

Signature of a member or authorized representative of a member

HECTOR LOPEZ

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00