# L16000 134042

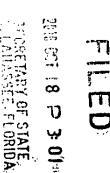
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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**S Warren** OCT 19 2016



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.

Letter Number: 216A00019206

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

	Registration Sec Division of Corp			
eun iez		GRAPHICS SERVICES LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter (	to the following:	
		HECTOR LOPEZ		
			Name of Person	-
		PROCESS GRAPHICS SE	RVICES LLC	
			Firm/Company	
		14213 COLONIAL GRAN	ID BLVD APT. 2108	
			Address	
		ORLANDO FL 32837		
		norenessi@hotmail.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
НЕСТО	R LOPEZ		407 7792130 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne 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:

TO:

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)

(	(A Florida Limited L	liability Company)				
The Articles of Organization for this Limited Lia	ability Company	were filed on DEPARTM	MENT OF STATE and assigned			
Florida document number L16000134042	·					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
PROCESS DESIGN PUBLICITY LLC						
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	ıble:	14213 COLONIAL GRA	AND BLVD APT 2108, ORLANDO			
(Principal office address MUST BE A STREET ADDRESS)		FL 32837				
	<del>.</del>					
		14212 COLONIAL CR	AND DIVID ART 2100 ODL ANDO			
Enter new mailing address, if applicable:		14213 COLONIAL GRAND BLVD APT 2108, ORLANDO				
(Mailing address MAY BE A POST OFFICE BOX)		FL 32837				
registered agent and/or the new registered off  Name of New Registered Agent:	ice address here	<u> </u>				
New Registered Office Address:	14213 COLONI	AL GRAND BLVD APT	2108			
		Enter Florida street	address			
	ORLANDO		, Florida <sup>32837</sup> Zip Code			
		City	Zip Code			
New Registered Agent's Signature, if changing R	egistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	r and complete per and complete per agent as per agent as per agent as per agent as per agent and agent agen	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is rm that the limited liability			
			FLO			
	Page 1	of 3	RHO			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** \_ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove 2015 177 8 \_th Change ט ☐ Remove

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ite: If the date inserted in to current's effective date on	his block does not the Department of layed effective	date, but not an effec	y filing requirement	s, this date	e will not	be list
ated		2016				
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	Signature of,	amember or authorized represe	ntative of a member	3	3 3 3	Ī
HECTOR LOPEZ				TAR		
		Typed or printed name of sig	nee	F.F.	U U	m
				FLOR	بي	<b>3</b>
		Page 3 of 3				

Filing Fee: \$25.00