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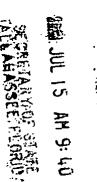
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COVER LETTER

			COVER LETTER	
	gistration Sec vision of Corp			JUL 15 M 9: W
SUBJECT:		GRAVING & DESIGN, LLC		
SUBJECT:	·	Name of Lim	nited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	The second secon
Please return	n all correspor	ndence concerning this matter	to the following:	Tegr.
		ALEGRIA C OLAVARRI	A	
			Name of Person	
			Firm/Company	
			Address	
		DORAL, FL 33178		
		ACCOUNTING7X@LIVE	City/State and Zip Code .COM	
		E-mail address: (to be used for future annual report noti-	fication)
For further i	information co	ncerning this matter, please ca	all:	
ALEGRIA	OLAVARRIA		786 975-7949 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e 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**

company has been notified in writing of this change.

ARTICLES OF O	ROANIZATION		- 1 in
O	F	-	
ALECA ENGRAVING & DESIGN, LLC		\c <u>'</u>	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our	records.)	T.
The Articles of Organization for this Limited Liability Company	were filed on $\frac{MAY 13, 2}{}$	<u></u>	and assigned
Florida document number			\$!"
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	dity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	π "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our r e:	records, enter the	name of the n
registered agent and/or the new registered office address her	.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida stree	rt address	
		Plantda	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr		tv. I further agree	to comply with t
provisions of all statutes relative to the proper and complete	performance of my du	ties, and I am fam	illiar with and
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	provided for in Chapter	r 605, F.S. Or, if t	this document is
- being filed to merely reflect a change in the registered office	adaress, i nereby conj	irm mai me iimite	m manning

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHRISTIAN GARAYCOA	14731 SW 42ND TERRACE MIAMI, FL 33185	■ Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			Remove
			Change
			☐ Add
			☐ Remove
			Change
			Remove
			Change
	·		Add
			Remove
			□ Change

			
·			
		-	
	ast be specific and cannot be prior	to date of filing or more than 90 day	ys after filing.) Pursuant to 605.0207 (
ffective date, if other than the an effective date is listed, the date multiple. If the date inserted in this becoment's effective date on the I			ts, this date will not be listed as t
an effective date is listed, the date multiple. If the date inserted in this b	Department of State's records. ed effective date, but not		
an effective date is listed, the date multiple. If the date inserted in this blocument's effective date on the I expected appearance are record specifies a delayer	Department of State's records. ed effective date, but not cord is filed.		
an effective date is listed, the date monotone: If the date inserted in this biocument's effective date on the I erecord specifies a delayed. The 90th day after the record specifier and a second specifier and a second specifier and second s	Department of State's records. ed effective date, but not cord is filed.		:01 a.m. on the earlier of:

Page 3 of 3

Filing Fee: \$25.00