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SECRETARY OF STATE

T. CLINE

MAY 2 8 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Second Division of Corp                                  |  |                 |   |                              |  |  |  |
|---|--|-----------------|---|------------------------------|--|--|--|
| SUBJECT: INK  | SERVICES                                   | of '            | DADE,   | LLC                          |  |  |  |
| (Name of Limited Liability Company)                                       |  |                 |   |                              |  |  |  |
|   |  |                 |   |                              |  |  |  |
| The enclosed Articles of A  | mendment and fee(s) are sub                | mitted for fili | ing.  |                              |  |  |  |
| Please return all correspondence concerning this matter to the following: |  |                 |   |                              |  |  |  |
|   | ENRIQUE                                    | (Name o         | UNIS<br>f Person)                               |                              |  |  |  |
| INK SERVICES OF DADE LLC (Firm/Company)                                   |  |                 |   |                              |  |  |  |
|   | 2757 9                                     | Add (Add        | 22 nd   | St.                          |  |  |  |
|   | MiAMi                                      | (City/State ar  |   | 145                          |  |  |  |
| For further information concerning this matter, please call:              |  |                 |   |                              |  |  |  |
| ENRIQUE   | YUNIS Person)                              | at ( <b>2</b>   | 305) 856  | 3434<br>ytime Telephone Numb | er)  |  |  |
|   | ÷  |                 | (Men code de Bu                                 | Jame Pelephone Name          | 2000<br>SECF<br>TALLA  |  |  |
| Enclosed is a check for the   | _  |                 |   | —                            |  |  |  |
| \$25.00 Filing Fee  | \$30.00 Filing Fee & Certificate of Status | Certif          | Filing Fee &<br>Ted Copy<br>ional copy is enclo |                              | litter Ree, National Copy of the Copy of t |  |  |
| MAILING ADDRESS: Registration Section                                     |  |                 | STREET/COU<br>Registration Se                   | URIER ADDRESS: ction         |  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

|   | CLES OF AMENDMENT TO LES OF ORGANIZATION OF                                 | 2008 MAY 27<br>SECRE TARY               |  |
|---|---|---|--|
| INK SERVICES  | OF DADE, LLC  | m C France                              |  |
| ( <u>Name of the Limited Li</u><br>(A FI  | ability Company as it now appears on or<br>orida Limited Liability Company) | T ( C ) 172 154                         |  |
| The Articles of Organization for this Limited Liab  | ility Company were filed on 11/10   | 200 and assigned                        |  |
| Florida document number L 04 00008  | 1646  |   |  |
|   |   |   |  |
| This amendment is submitted to amend the follow   | ing:  |   |  |
| A. If amending name, enter the new name of the  | ne limited liability company here:  |   |  |
| The new name must be distinguishable and end with t "L.L.C."                                | he words "Limited Liability Company," th                                    | e designation "LLC" or the abbreviation |  |
| B. If amending the registered agent and/or registered agent and/or the new registered offic |   | cords, enter the name of the new        |  |
| Name of New Registered Agent:   | <u> </u>  |   |  |
| New Registered Office Address:  |   |   |  |
|   | (Enter Florida street address)  |   |  |
| <u>,</u>  | (City)  | , Florida(Zip Code)                     |  |
| :   | (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 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> **Address** Type of Action <u>Name</u> MGRM MARIA-ANGELICA VARAS Add Remove Re∰ove Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PRINCIPAL AND ADDRESS 22 nd. St. 2757 MIAMI MAY 2008 Dated \_ Signature of a member or authorized representative of a member ENRIQUE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00