Division of Corporations Electronic Filing Cover Sheet

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Τφ:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PANAGOS & ASSOCIATES CRAS LLC

Account Number : 120120000043 Phone

: (954)389-1179

Fax Number

; (954)389-2841

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Rmail | Address | | | |
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JUL 1 9 2012

EXAMINER

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July 18, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

MRL PRINTING LLC 1400 E OAKLAND PARK BLVD, STE 209 OAKLAND PARK, FL 33334

SUBJECT: MRL PRINTING LLC

REF: L05000030730

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have used the correct coversheet, but the wrong form. Please resubmit using a form for Articles of Amendment for a Florida Limited Liabilty Company. (The form you have submitted is only used for Florida corporations.)

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.

Buck Kohr Regulatory Specialist II

FAX Aud. #: H12000183885 Letter Number: 512A00019036

JUL 18

P.O BOX 6327 - Tallahassee, Florida 32314

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9543891179 >>

HIZUUU (8388)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u> | <u> </u> | ITING LLC | | \tag{\varphi} | |
|---|---------------------------|---------------------------|-----------------------------|-------------------------|--|
| (Name of the Limite | d Linbility Compa | ny as it now appea | rs on our records.) | ره | |
| () | n i foriga cilinico i | -naointy Company) | | | |
| The Articles of Organization for this Limited I | iability Company | were filed on | 03/29/2005 | and assigned | |
| Florida document numberL0500003 | 0730 | | | | |
| | _ | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name | of the limited liab | ility company he | re: | | |
| | | they confirm to | <u>.</u> | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Comp | any," the designation "I | LC" or the abbreviation | |
| Enter new principal offices address, if appli | cable: | 540 N. ANDREWS AVENUE | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | FORT LAUDERDALE, FL 33301 | | | |
| | | | | | |
| • | | | •• | | |
| Enter new mailing address, if applicable: | | 540 N. ANDREWS AVENUE | | | |
| (Mailing address MAY BE A POST OFFICE | FORT LAUDERDALE, FL 33301 | | | | |
| | | | | · <u></u> | |
| | | | | | |
| B. If amending the registered agent and | | | our records, <u>enter 1</u> | the name of the nev | |
| registered agent and/or the new registered of | office address her | <u>ce</u> : | | | |
| | | | | | |
| Name of New Registered Agent: | | | | <u> </u> | |
| New Registered Office Address: | 540 N. AND | DREWS AVEN | JE | | |
| | | Ei | nter Florida street ada | iress | |
| | FORT | LAUDERDALE , Florida | | 33301 | |
| | | | | 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

Page 1 of 2

MGR = Manager

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

| MGRM - N | Innaging Member | | |
|--------------|--|---|----------------|
| Title | Name | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add |
| D. If amen | ding any other information, enter chan | go(s) here: (Attach additional sheets, if necessary.) | |
| - | | | _ _ |
| | JULY 18 . 20 | 012. 24 | _ |
| Datest | V | er or authorized representative of a member | |
| | N | MICHAEL LEVITT | |
| | Турк | Page 2 of 2 | |

Filing Fee: \$25.00