

LO60000014242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

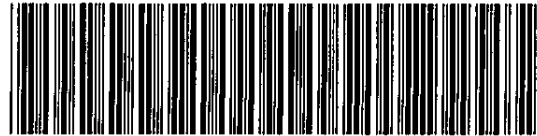
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

File/22

Amend.

Office Use Only



200076226972

06/19/06--01029--010 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 19 PM 4:38

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONDICO DIGITAL PRINTING, 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:

EMIL D. KOSTICK
(Name of Person)

KOSTICK & COMPANY, PA
(Firm/Company)

7390 NW 5th STREET, SUITE 1
(Address)

PLANTATION FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

EMIL D. KOSTICK at (954) 792 4477
(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

MONDICO Digital Printing, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 2/9/06 and assigned
document number LOB 000014242

SECOND: This amendment is submitted to amend the following:

TO ADD AS AN ADDITIONAL
MANAGING MEMBER THE FOLLOWING
INDIVIDUAL WHO OWNS 50% OF
THE ENTITY EFFECTIVE JUNE 1, 2006:
Mrs CLARA MARTINEZ
20281 EAST COUNTRY CLUB DR.
APT 1202
ARGENTRA FL 33180

Dated 6/15/06



Signature of a member or authorized representative of a member

ELIOT D. KOSTICK, CPA
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 19 PM 4:38

APPROVED
AND
FILED

Filing Fee: \$25.00