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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Div	ision of Corp				
SUBJECT:	SUN PRINT	MANGEMENT, LLC			
30113130,11		Name of Lim	ited Liability Con	трану	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing		
Please return	all correspon	dence concerning this matter	to the following	:	
		JOHN THOMPSON			
			Name of I	erson	··· -··
		SUN PRINT MANGEME	NT, LLC		
		·	Firm/Com	pany	
		5441 PROVOST DR			
			Addres	s	
		HOLIDAY, FL 34690			
			City/State and	Zip Code	·····
		JTHOMPSON@SUNPRIN			
				re annual report not	ification)
For further ii	iformation coi	ncerning this matter, please ca	all:		
RONALD J. MARLOWE, ESQ. 813			444-2888		
	Name of I	erson	Area (ode Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:			
□ \$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Fil Certified radditional		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations : 6327 see, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Fallahassee, FL 3	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SUN PRINT MANAGEMENT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 30, 2006 and assigned Florida document number | L06000105291 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 605, 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

, MGR =			
AMBR = <u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
		-	U 700
		-	□ Remove
			□ Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			bb∧ □
			☐ Remove

Article VI - M	anagement - All powers of the	he limited liability	company shall be exercised by or under the authority
of, and the bus	siness and affairs of the limit	ed liability compa	ny shall be managed by or under the managers of the
limited liabilit	y company. The Board of M	lanagers of this lin	nited liability company shall consist of four (4)
managers elec	ted in the manner prescribed	in the Operating .	agreement of the limited liability company and shall
serve until the	ir death or removal as set for	th in the Operatin	Agreement, and a replacement shall be elected as
set forth in the	Operating Agreement or, if	not specifically se	forth, by the majority vote of the Membership Units
			TE B
			<u> </u>
			70.3
			7: 3
 			
*			
effective date is lis e: If the date ins	ther than the date of filing ted, the date must be specific and erted in this block does not no date on the Department of S	I cannot be prior to c neet the applicable	(optional) late of filing or more than 90 days after filing.) Pursuant to 60 estatutory filing requirements, this date will not be lis
	es a delayed effective of the filed.		n effective time, at 12:01 a.m. on the earl
ed	2/n	2018	
	The sense of the s	member or authorize	ed epresentative of a member
			The second of th
Iohn Ibo	mpson, Member/Manager		

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Filing Fee: \$25.00