# L080000 38250

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T. HAMPTON

# **COVER LETTER**

| TO:                        | Registration Se<br>Division of Cor |  |   |                                       |  |
|----------------------------|------------------------------------|--|---|---------------------------------------|--|
| CHID II                    | . CTD                              | YCA F  | PRINT, L.L.C.   |                                       |  |
| SUBJI                      | CI:                                | Name of Limite                               | ed Liability Company  |                                       |  |
| The en                     | closed Articles of                 | Amendment and fee(s) are subm                | itted for filing.   |                                       |  |
| Please                     | return all correspo                | endence concerning this matter to            | the following:  |                                       |  |
|                            |                                    | YE   | SSIKA NAKANDA   | KARE                                  |  |
|                            |                                    |  | Name of Person  | , , , , , , , , , , , , , , , , , , , |  |
| YCA PRINT, L.L.C.          |                                    |  |   |                                       |  |
| Firm/Company               |                                    |  |   |                                       |  |
| 10030 HAMMOCKS BLVD. # 202 |                                    |  |   |                                       |  |
|                            |                                    | ,  | Address   | - 45                                  | <del>070 - 1-10</del>  |
|                            |                                    |  | MIAMI, FL 33196   |                                       |  |
|                            |                                    |  | City/State and Zip Code   |                                       |  |
|                            | ,                                  |  | Y_PAO@HOTMAIL be used for future annual re                          |                                       | <u> </u>   |
| For fur                    | ther information c                 | oncerning this matter, please call           |   | port notification)                    |  |
|                            | YE                                 | SSIKA NAKANDAKARE                            | 305   | 752-6325                              |  |
|                            | Name o                             | f Person                                     | Area Code   | Daytime Telephone Nu                  | mber   |
| Enclose                    | ed is a check for th               | ne following amount:                         |   |                                       |  |
| \$2:                       | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Cert                                  | 00 Filing Fee, ifficate of Status & iffied Copy tional 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

| Y   | CA PRINT, L.L.C.  |                           |                       |
|---|---|---------------------------|-----------------------|
| (Name of the Limited Liabil<br>(A Florid  | lity Company as it now appears<br>da Limited Liability Company) | on our records.)          |                       |
| The Articles of Organization for this Limited Liability (Florida document number L08000038250         | Company were filed on   | 04/16/2008                | and assigned          |
| This amendment is submitted to amend the following:   |   |                           |                       |
| A. If amending name, enter the new name of the lin  |   | <u>e</u> :                |                       |
| The new name must be distinguishable and end with the words "L  | JLTI-SERVICE LLC imited Liability Company," the de              | esignation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | _                         |                       |
| (Principal office address MUST BE A STREET ADD  | RESS)   |                           | SE TAR                |
| Enter new mailing address, if applicable:   |   |                           | STO P III             |
| (Mailing address MAY BE A POST OFFICE BOX)  | . <u> </u>  |                           | STATE<br>STATE        |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office add |   | our records, <u>enter</u> | the name of the nev   |
| Name of New Registered Agent:   |   |                           |                       |
| New Registered Office Address:  | Enter Florid  | la street address         |                       |
|   |   | , Florida                 |                       |
| <del></del>   | 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 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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action MGR** CARLOS A. VERGARA 10030 HAMMOCKS BLVD. # 202 ■ Add MIAMI, FL 33196 ☐ Remove □ Add ☐ Remove \_\_\_ 🗆 Add ☐ Remove □ Add □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

| D.          | If am | sending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------|-------|--|
|             | •     |  |
|             |       |  |
|             |       | ·  |
|             |       |  |
|             |       |  |
|             |       |  |
| <b>E.</b> [ |       | tive date, if other than the date of filing:   |
|             | Dated | MARCH 3 2015   |
|             |       |  |
|             |       | Signature of a member or authorized representative of a member                                 |
|             |       | YESSIKA NAKANDAKARE  |
|             |       | Typed or printed name of signee  |

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Filing Fee: \$25.00

