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## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
SUBJECT:		Printing Direct			
	Name of Limi	ted Liability Company			
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
		Todd Brue			
		Name of Person			
	Ser	Serbin Printing Direct LLC			
		Firm/Company			
	150	1500 N. Washington Blvd.			
		Address			
		Sarasota, FL 34236			
		City/State and Zip Code			
	ma r	rk@serbinprinting.com to be used for future annual report not			
			meation)		
For further informat	ion concerning this matter, please c	all:			
	Mark Serbin	at (_941 )	366-0755		
Na ·	ame of Person	Area Code & Daytir	me Telephone Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 1 Section 2 Sectio		
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

Serbin Printing Direct LLC

FILED

10 APR 29 PM 12: 25

SEGRETARY OF STATE
FALLAHASSEE FLODING

( <u>Name of the Limited Liab</u> (A Flori	i <mark>lity Company as it now appears</mark> da Limited Liability Company)	on our records.)	, ETOKIDA	
The Articles of Organization for this Limited Liability Florida document number L0900075858		08/06/09	and assigned	
This amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the l	limited liability company here	:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	· · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u>-</u> .		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ente	r Florida street addi	ress	
		, Florida		
<del></del>	City	, FIOTIUA	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Robin Serbin MGRM 5029 Sandy Shore Ave. ✓ Add Sarasota, FL 34242 Remove Mark Serbin MGR 5029 Sandy Shore Ave. ☐ Add ✓ Remove Sarasota, FL 34242 Remove Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 22 2010 Dated \_\_\_\_ Signature of a member or authorized representative of a member Mark Serbin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00