(Requ	uestor's Name)
(Addr	ess)
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(City/	State/Zip/Phone #)
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B. KOHR

OCT 1 0 2012

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ect.	Wholesale I	Direct Copiers, LLC	
SCL			ited Liability Company	·
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
			Dennis Ocasio	
			value of Colors	THOS.
3055 V			Firm/Company	CORNE
			3055 Victoria Drive	<del></del>
			Address	Z 20 T
Kissimmee, Florida 34746				
			City/State and Zip Code	F. 0
		E-mail address: (	nniso@wdcopiers.com to be used for future annual report notific	ation)
For fur	ther information	concerning this matter, please of	•	ation) SEE, FLORITE ORIES
	D	ennis Ocasio	at ( 407 )	936-5458
	Name	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for	the following amount:		
<b> ▼</b> \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regisi Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		فعنتر				
Who	olesale Direct Copiers, LLC		<b>E</b> D 7			
( <u>Name of the Limited</u> (A	Liability Company as it now appears  Florida Limited Liability Company)	on our records.)	in the second			
`			Contract the second			
The Articles of Organization for this Limited L	iability Company were filed on Se	ptember 12, 200	9 Chair igne			
lorida document number L09000090096						
			Dr.			
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability company here	:				
	N/A					
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	y," the designation "I	.LC" or the abbreviation			
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE						
maing dualess MAI BLAI OSI OFFICE	<u></u>					
	<del></del>					
B. If amending the registered agent and/	or registered office address on ou	r records, enter t	he name of the new			
registered agent and/or the new registered of			200 200 01 1110 1120 1			
Name of New Registered Agent:	Dennis Ocasio					
New Registered Office Address:	3055 Victoria Drive					
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address					
	Kissimmee	, Florida	34746			
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRW = N	Aanaging Member <u>Name</u>	<u>Address</u>	Type of Action
	Gary Garrison	8242 Via Hermosa Street Sanford, FL 32771	☐ Add  ✓ Remove
<u></u>			Add Remove
			Add
			Kemove
			Add
			Remove
			∏Add
			Remove
	<del></del>		Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	<del></del> y.)
	,		
Dated	, <u> </u>	·	
	1/1/1		
	GARY GALRIS	ember or authorized representative of a member	
	<u> </u>	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00