

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Ruei	ness Entity Nar	nol .
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

G. MCLEOD

APR 0 6 2010

EXAMINER



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04/05/10--01017--012 **25.00

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DIVISION OF CORPORATIONS

CUYER LETTER

	ion of Corporations		
SUBJECT:	Simply Graphics LLC		
GODGECT.	Name of Limited I	iability Company	
The enclosed	Articles of Amendment and fee(s) are submitt	ed for filing.	
Please return a	ll correspondence concerning this matter to the	ne following:	
	Kelly Moulton		
	<u> </u>	Name of Person	
	Simply Graphics	LLC.	
	500 AL 124 A	Firm/Company	
	503 N. Hill Ave		
	DeLand, FL 327	Address 724	
	simplygraphicsfl(
For further inf	E-mail address: (to be primation concerning this matter, please call:	used for future annual report notific	ration)
	Kelly Moulton	at 386-562	2-1713
	Name of Person	Area Code & Daytime	
Enclosed is a	heck for the following amount:		
■ \$25.00 Fili	ng Fee \$30.00 Filing Fee & Certificate of Status Iditional congristed (Ingg)	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
(-			(additional copy isenclosed)
	MAILING ADDRESS: Registration Section Registration S Division of Corporations Division of C P.O. Box 6327 Clifton Building		CR ADDRESS:
EV 20.11.1	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

01

ARTICLES OF AMERICATION

TO ARTICLES OF ORGANIZATION **OF**

Simply Graphics LLC	· .			
(<u>Name of the Limited Li</u> (A Fl	ability Company orida Limited Lia	as it now appea bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number	ility Company w		12/07/2009	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liabili</u>	ty company he	ere:	•
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	1 Liability Comp	any," the designation "LL	C" or the abbrevia
Enter new principal offices address, if applicable	le:	Simply	Graphics LLC.	9
(Principal office address MUST BE A STREET A	(DDRESS)		3 N. Hill Ave 💂	SEC
		DeLa	nd, FL 32724₽	₹ <u>₩</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		ن <u>ply Graphics ځا</u> 503 N. Hill Ave Land, FL 32 72	≥ ₹.
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on	our records, <u>enter the</u>	name of the n
Name of New Registered Agent:	Kelly M	oulton		
New Registered Office Address:	503 N. F			
	Enter Florida street address			5 . 5
_		eLand	, Florida	32724
		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 an 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.

3/30/2010 If Changing Registered Agent, Signature of New Registered Agent

MGR = Mar MGRM.⇒M	nager anaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kelly Taylor	503 N. Hill Ave.	Add
		DeLand, FI 32724	Remove
MGR	Kelly Moulton	503 N. Hill Ave. DeLand, Fl 32724	■ Add Remove
			D
			Remove
	· · · · · · · · · · · · · · · · · · ·		D
			
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necesso	ary.)
Dated 7	elly Inflor, 2 Xenature of a mer	3/30/2010. 3/30/00 mber of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00