## L10000 102342

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D. BRUCE

NOV 5 2010

**EXAMINER** 

## **COVER LETTER**

10,	Division of Con		
SUBJI	· · · · · · · · · · · · · · · · · · ·	PRINTING	6 4 LESS INK, LLC
,	EC1:		lited Liability Company
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.
Please	return all correspo	ondence concerning this matte	er to the following:
			JENNIE HOWITT
			Name of Person
		JENNIE	KREITZ ASSOCIATES, INC.
			Firm/Company
		3333 W	COMMERCIAL BLVD. #110
			Address
		FT. LAU	IDERDALE, FLORIDA 33309
		IVDE	City/State and Zip Code  EITZ1@BELLSOUTH.NET
		E-mail address: (	(to be used for future annual report notification)
For fur	ther information c	concerning this matter, please	
	JEN	INIE HOWITT	at ( 954 ) 735-7178 S
	Name o	f Person	Area Code & Daytime Telephone Number
Enclos	ed is a check for t	he following amount:	
<b>S</b> 1\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

PRINTING	4 LESS INK, LLC	Tillian massaude \	<del></del>
( <u>Name of the Limited Liability Co</u> (A Florida Lim	nited Liability Company)	in our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on	09-30-10	_ and assigned
Florida document number L10000102342			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:		_ ;	
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	<u> </u>	<u></u>
	<del></del>	>	_₹ TI_
		JSS Y	+
Enter new mailing address, if applicable:	<del> </del>	<u> </u>	<del>3</del> m—
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<del></del>
			20
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	3S
	<i></i>	, Florida	7:- C-1-
	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 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:

MGR = Manager MGRM = Managing Member **Type of Action Address Title** <u>Name</u> MGRM RICHARD ERENS 20950 SW 54TH PLACE **✓** Add Remove SOUTHWEST RANCHES, FL. 33332 ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary; Signature of a member or authorized representative of a member Enens Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00