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S. WARREN AUG 0 3 2017 COVER LETTER

	Registration ! Division of Co		Th.	
SUBJEC	ID Ink, L	LC		
00000	··· <u>—</u> .	Name of Li	mited Liability Company	<del></del>
The enclo	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please ret	urn all corresp	condence concerning this matte	r to the following:	
		Eric C Heidorn	1	
			Name of Person	<del></del>
		fD Ink, LLC	·	
			Firm/Company	
		635 Gator Drive, Unit I		
			Address	
		Lantana, FL 33462		
			City/State and Zip Code	
		info@idscreenprinting.con	1	
For further	information c	t-mail address; (concerning this matter, please c	to be used for future annual report noti all:	fication)
	Name o	of Person	at () Area Code <sub>1</sub> Daytim	e Telephone Number
			Area Code Paytim	e Tetephone Number
Enclosed is	s a check for th	he following amount:		
\$25.00	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 266 Executive Cer Tallahassee, FL 323	n ations ater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Nama of the Lie	Manual I to Laborate		
(isame of the En	mited Liability Compa (A Florida Limited I	inv as it now app Liability Company	ears on our records.)
The Articles of Organization for this Limited Florida document number 45-2222933	Liability Company	were filed on	05-12-2011 and assigned
This amendment is submitted to amend the fo	ollowing:	1	
A. If amending name, enter the new name	of the limited liab	ility company	<u>here</u> :
The new name most be distinguishable and contain the	words "Limited Liabil	ity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl			
(Principal office address MUST BE A STRE		1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
		i	
B. If amending the registered agent and	d/or registered off	fice address o	n our records, enter the name of the ne
registered agent and/or the new registered of	office address here	•	
Name of New Registered Agent:	Eric Heidorn	<u>.</u>	
New Registered Office Address:	635 Gator Drive.	. Unit I	
•		Enter Fle	orida street address
	Lantana	1	Florida 33462
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the	er and complete p istered agent as pr registered office a	verförmance o <sub>j</sub> vovided for in s	f my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title | <u>Name</u> <u>Address</u> Type of Action MGR Matt Parker 635 Gator Drive Suite I □ Add Lantana, FL, 33462 ■ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove Change emove ☐ Change

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ive date, if oth	er than the date of filia	ng: JULY	1, 2017	(optional)	
is the date miser	ted in this block does not date on the Department	meet the applicable	accorning or more that statutory filing requ	in 90 days after filing.) frements, this date v	Pursuant to 605.0 vill not be listed
» circuive (	sace on the pepartment	or state's records.			
	a delayed effective	date, but not a	n effective time.	at 12:01 a.m. c	n the earlier
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