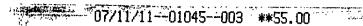
L11000071891

(Requestor's Name)
(Address)
(Address)
(autob)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300209658253



H JUL II PH 3: 26
SECRETARY OF STATE
ANALYSEE, FLORID

J. BRYAN

JUL 12 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	YSL GF	RAPHICS L.L.C		
	Name of Lim	ited Liability Company		•
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
	S	TEPHANNIE RAMIRE	Z	
		Name of Person		- - 表示 本
		'SL GRAPHICS L.L.C	TEGET TO THE PARTY OF THE PARTY	
		Firm/Company		50 m
	950	00 NW 79 AVE SUITE	PH 3: 26	
		Address		10 F 2
		City/State and Zip Code		
	YSL	GRAPHICS@ATT.N to be used for future annual rep	ET	
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	on concerning this matter, please	call:		
STEF	PHANNIE RAMIREZ	at (305)	815-3754	
Nan	ne of Person		Daytime Telephone Numb	er
Enclosed is a check fo	or the following amount:			
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)
MA	ALLING ADDRESS:	STREET/6	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

L

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

· · · · · · · · · · · · · · · · · · ·	YSL GRAPHICS L.L.C					
(<u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)				
The Articles of Organization for this Limited Li Florida document number L11000071	· · · ———	06/21/2011	and assigned			
Torred document number	.5.5.*********** •					
This amendment is submitted to amend the follo		,	SECRETASSES FILED			
A. If amending name, enter the new name of	the limited liability company here:		SSEN TO			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company	," the designation "				
Enter new principal offices address, if application	able:		Sim Sim			
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>					
B. If amending the registered agent and/oregistered agent and/or the new registered of		r records, <u>enter</u>	the name of the new			
Name of New Registered Agent:	STEPHANNIE RAMIREZ					
New Registered Office Address:	New Registered Office Address: 9500 NW 79 AVE SUITE 8					
Enter Florida street address						
	HIALEAH GARDENS	, Florida	33016			
	City		Zip Code			
New Registered Agent's Signature, if changing R	egistered 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 offige address, I hereby confirm that the limited liability company has been notified in writing of this change.

Us 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:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STEPHANIE RAMIREZ	7231 W 30 AVE HIALEAH, FL 33018	Add ✓ Remove
MGR_	JOSE Y RAMIREZ	9500 NW 79 AVE SUITE 8 HIALEAH GARDENS, FL 33016	✓ Add ☐ Remove
			Add Remove
	- , , , , , , , , , , , , , , , , ,		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessar	y.)
			FIL JUL II
Dated	JULY, 07	2011 Monicul	PM 3: 27 YOR STATE EE. FLORID/
		mber or authorized representative of a member	
		TEPHANNIE-RAMIREZ yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00