11/1000088480

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | - |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | Office Use Only | v |



400284566514

04/15/16--01013--011 **30.00

FILED 2016 APR 15 P 12: 38

IAPR 18 2016 D. BRUCE

TO:

Registration Section

COVER LETTER

| Div | ision of Cor | porations | | | |
|----------------|---------------|--|--|--------------|--|
| SUBJECT: | Miami 4 Pr | int, LLC. | | | |
| SUBJECT. | | Name of Lin | nited Liability Company | | <u></u> |
| The enclosed | i Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Cristina de los Santos | | | |
| | | | Name of Person | | |
| | | Miami 4 Print, LLC | | | |
| | | | Firm/Company | | |
| | | 2315 W Okeechobee Rd. A | Apt 306 | | |
| | | | Address | | |
| | | Hialeah, Fl 33010 | | | |
| | | | City/State and Zip Code | | |
| | | sales@miami4print.com | to be used for future annual | report notif | iestion) |
| For further in | nformation co | oncerning this matter, please c | | | |
| Cristina de le | os Santos | | 786 53 | 6-4652 | |
| | Name of | Person | Area Code | Daytime | Telephone Number |
| Enclosed is a | check for th | e following amount: | | | |
| □ \$25.00 F | iling Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is en | | Certificate of Status & Certificate Copy (additional copy is enclosed) |
| | MAILI | NG ADDRESS: | STREE | T/COURII | ⇒ ∞ ER ADDRESS: |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
|---|---|--|
| The Articles of Organization for this Limited Liability Company vi Florida document number 4100088480. | were filed on <u>18-01-20</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7232 NW 70th Steet, Miami FL 3 | 3166 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 7232 NW 70th Street, Miami FL | 33166 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | | ZIII AOR IS SECRETINATION SECR |
| ************************************** | , Flori | idan U Zap 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = N AMBR = A | fanager Authorized Member | | |
|---------------------|------------------------------|---|--|
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
| (- 1) | | | Add |
| | | | ☐ Remove |
| | | *************************************** | ☐ Change |
| | | | Add |
| | , | □ Remove | |
| | | | Change |
| | | □ Add | |
| | | *************************************** | C Remove |
| | | | ☐ Change |
| | | <u> </u> | □ Add |
| | | | Remove |
| | | | THE PLANE OF THE PARTY OF THE P |
| | | | TLAdd 1 |
| | | | On Likemove |
| | | | Change |
| | | | Add |
| | | | |
| | , | | ☐ Change |

| | | | | · | |
|--|--|----------------------------|---------------------------------------|-------------------|--|
| | | | | , | |
| | | | | | |
| | | | <u> </u> | | |
| | | | <u> </u> | | |
| | | | | · . | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | ······································ |
| | <u></u> | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | • | • |
| | | | · · · · · · · · · · · · · · · · · · · | · | |
| | | | | | |
| | L 4h | | | (#D | |
| fective date, if other the effective date is listed, the | date must be specific and | cannot be prior to date of | filing or more than 90 da | | |
| ote: If the date inserted incument's effective date | | | nory ming requiremen | nts, this date wi | ii noi de listeg a |
| | | | | | |
| | | ate, but not an em | ective time, at 12 | | the earlier |
| | | | | | |
| | | 'n | | | |
| The 90th day after t | | <u> </u> | | 2016 APR I | |
| record specifies a c The 90th day after t | | | | APR 15 F | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00