

41000088480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 FEB 25 PM 12:40
CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

FEB 26 2019

COVER LETTER

Registration Section
Division of Corporations

Miami 4 Print, LLC.

SUBJECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina de los Santos

Name of Person

Miami 4 Print, LLC.

Firm/Company

7232 NW 70th Street

Address

Miami FL 33166

City/State and Zip Code

sales@miami4print.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina de los Santos 786 536-4652

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2019

CRISTINA DE LOS SANTOS
7232 NW 70TH STREET
MIAMI, FL 33166

SUBJECT: MIAMI 4 PRINT LLC
Ref. Number: L11000088480

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 819A00003270

RECEIVED
2019 FEB 25 AM 11:50
STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Miami 4 Print, LLC

2019 FEB 25 PM 12:40

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on August 1, 2011 and assigned
document number LI1000088480.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

For new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City Zip Code

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 understand 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

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


R= Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	Eriberto Morell	11300 SW 46th Street Miami, FL 33166	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
R	Cristina de los Santos	11300 SW 46th Street Miami, FL 33166	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

dated 02/22/2019, 

Cristina de los Santos

Page 3 of 3

Filing Fee: \$25.00