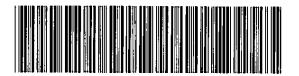
L11 0000 890 76

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200330901662

06/20/19--01012--004 **25.00

SECTION 20 AKT OF

Y SULKER JUL 0 1 2019

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: (a) S A	Printing LLC
Name o	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	natter to the following:
	Name of Person
	Contrary LLC Firm/Company
50	Lori Way C2
Palm C	City/State and Zip Code ConVay Cpn. 13 m Pess: (to be used for future annual report notification)
jonathe	ne Convayapa.com
For further information concerning this matter, ple	
- 11 ×	at (386) 445 - 4375 Area Code Daytime Telephone Number
Name of Person /	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of State	
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __ Florida document number <u>L1100</u>00 890 7Ú This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Founder	Victor Flebotte	6 Faiston Place Palm Coust, FL 32137	
		Palon Coust, FL 32137	b Remove
			☐ Change
			Remove
			Change
		<u></u>	FAdd -
			Remove
			Change,
			□ Add □ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			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:

		· · · · · · · · · · · · · · · · · · ·
		···
		
		40 6 71
		
an effecti <u>lote:</u> If 1	re date, if other than the date of filing:	(optional) ig or more than 90 days after filing.) Pursuant to 605.0207 by filing requirements, this date will not be listed as a
recor The 90	ord specifies a delayed effective date, but not an effect 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of
ated	June 17th 2019	
	X (Wristing Virg	

Page 3 of 3

Filing Fee: \$25.00