L1200007816

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

Office Use Only

B. KOHR

JAN 1 9 2012

EXAMINER



800215667598

12 JAN 18 PH 4: 14

12 JAN 18 AH 8: 59

DEPARTMENT OF STATE



ACCOUNT NO. : 12000000195

REFERENCE :

064783

7294749

AUTHORIZATION

COST LIMIT

ORDER DATE: January 18, 2012

ORDER TIME : 2:57 PM

ORDER NO. : 064783-005

CUSTOMER NO: 7294749

DOMESTIC AMENDMENT FILING

NAME: BAMA PRINTING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of	n Section Corporations		V 10 Mg
SUBJECT:	BAMA PR	RINTING, LLC	
-	Name of Limite	d Liability Company	
The enclosed Articles	s of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	espondence concerning this matter to	the following:	
		Douglas A. Daniels	
		Name of Person	
	Dou	glas A. Daniels, P.A.	
		Firm/Company	
	444 Se	eabreeze Blvd., Ste. 645	
		Address	
	Dayto	ona Beach, FL 32118	
		City/State and Zip Code	
	dou	g@danielslegal.com	
	E-mail address: (to	be used for future annual report notific	ation)
For further information	on concerning this matter, please cal	1:	
	Douglas Daniels	a. (255-8118
Nan	ne of Person	Area Code & Daytime	1 elephone Number
Enclosed is a check for	or the 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)

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



LANDON SON

AMA PRINTING, LLC		
jability Company as it now appea florida Limited Liability Company)	rs on our records.)	_
bility Company were filed on	1/17/2012	and assigned
316		
ving:		
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the words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
ble:		
ADDRESS)		
av		
registered office address on ce address here:	our records, <u>enter t</u>	he name of the new
Enter Florida street address		
City	, Florida	Zip Code
	Jability Company as it now appear Porida Limited Liability Company) bility Company were filed on	isability Company as it now appears on our records. Florida Limited Liability Company) bility Company were filed on

OF

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	John Vanginhoven	2257 Vista Parkway West Palm Beach, FL 33411	Add Remove
MGRM	Mark Vanginhoven	4606 Clyde Morris Blvd. Ste. 1P Port Orange, FL 32129	[7] Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
Dated	January 18 ,	2012	-
	Signature of a men	ober or authorized representative of a member Douglas A. Daniels	
	Tv	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00