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(Req	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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D. SCOTT FEB 1 4 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Bresh	n Reprographi Nime of Limi	CS & CON LLC ted Liability Company	
	1 /	to the following:	ZOITFEB 13 PM 3: 94 TALLAHASSEE FLORIDA COOV
	919 Nort Holly Hill Kyle @ bre	Firsh/Company	
For further information of	oncerning this matter, please ca	d1:	
Name o) iamord i Person	at (386) 257- Area Code Daytime	Telephone Number 3 T
Enclosed is a check for the	he following amount:		ASSET IN LE
□ \$25.00 Filing Fee .	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is chelosed)
			,

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

	CS & Copy L.L.C pany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L12000013379</u> .	ny were filed on 01 27 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		the name of the new
	NIA	78 7
Name of New Registered Agent:	14/17	
New Registered Office Address:	NA	
	Enter Florida street address	SEE WIT
	, Florida	75.000
New Registered Agent's Signature, if changing Registered Agen	•	THE COLUMN TO
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	ete performance of my duties, and I am is provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William Try Dian	nond	
	•	919 N Nova Rd	Remove
		-	☐ Change
			□ Add
			Remove
			□ Change
			Add
			□ Remove
			Change
		<u> </u>	Add
			Remove
			Change
		·	TALLAHI SEAND FEB
			Remove
			GChange 31
			□ Remove
			☐ Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NIH
	
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	F9 -
Note:	tive date, if other than the date of filing: Feb 8th 2017 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	Feb 8th, 2017
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00