## L1200014455

| (Requestor's Name                       | )            |  |  |
|---|--------------|--|--|
| (Address)                               |              |  |  |
| (Address)                               |              |  |  |
| (City/State/Zip/Pho                     | ne #)        |  |  |
| PICK-UP WAIT                            | MAIL         |  |  |
| (Business Entity Na                     | ame)         |  |  |
| (Document Number)                       |              |  |  |
| Certified Copies Certificate            | es of Status |  |  |
| Special Instructions to Filing Officer: |              |  |  |
|   |              |  |  |
|   |              |  |  |
|   |              |  |  |
|   |              |  |  |

Office Use Only

G. MCLEOD

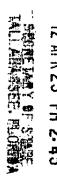
APR 26 2012

EXAMINER



900230672929

04/23/12--01030--026 \*\*25.00



## **COVER LETTER**

| TO:         | Registration S<br>Division of Co |  | •   | M <sub>1</sub>  |
|-------------|----------------------------------|--|---|---|
| SUBJE       | гст.                             | Fresh  | Ink Print, LLC  |   |
|             |                                  |  | ited Liability Company  |   |
| The end     | closed Articles of               | Amendment and fee(s) are sul                   | omitted for filing.   |   |
| Please      | return all correspo              | ondence concerning this matter                 | to the following:   |   |
|             |                                  |  | Carlos A. Rivero  Name of Person                                | <u> </u>  |
|             |                                  |  | Fresh Ink Print, LLC  |   |
|             |                                  | 16   | 625 S. Chickasaw Trail  |   |
|             |                                  |  | Address   |   |
|             |                                  | 0  | rlando, Florida 32825 City/State and Zip Code                   |   |
|             | ŋ                                |  | •   |   |
|             | <b>:</b>                         | E-mail address: (                              | afehomes@cfl.rr.com<br>to be used for future annual report not  | ification)  |
| For fur     | ther information of              | concerning this matter, please of              | eall:   |   |
|             |                                  | ndos A. Rivero                                 | at ( 407 ) Area Code & Dayti                                    | 947-4962<br>me Telephone Number   |
|             |                                  |  |   | · · · · · · · · · · · · · · · · · · ·   |
| Enclose     | ed is a check for t              | he following amount:                           | •   |   |
| <b>₹2</b> 5 | .00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status     | \$55.00 Filing Fee & Certified Copy (additional copy is enclose | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|             | Regist                           | ING ADDRESS: ration Section on of Corporations | STREET/COUR<br>Registration Sect<br>Division of Corpo           |   |
|             | P.O. B                           | ox 6327<br>assee, FL 32314                     | Clifton Building<br>2661 Executive C<br>Tallahassee, FL 3       | Center Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | resh Ink Print, LLC  |                                   |             |  |
|--|--|-----------------------------------|-------------|--|
| ( <u>Name of the Limited Lia</u><br>(A Flo                     | bility Company as it now app<br>rida Limited Liability Company | <u>ears on our records.</u><br>y) | )           |  |
| The Articles of Organization for this Limited Liabil           |  | January 30, 20                    | 012 and     | l assigned                                   |
| Florida document numberL1200001445                             | <u>5                                    </u>                   |                                   |             |  |
| This amendment is submitted to amend the following             | ng:  |                                   |             |  |
| A. If amending name, enter the new name of the                 | e limited liability company l                                  | <u>iere</u> :                     |             |  |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Con                                 | npany," the designation           | on "LLC" or | the abbreviation                             |
| Enter new principal offices address, if applicable             | <b>.</b>   |                                   |             |  |
| <u>Principal office address MUST BE A STREET A</u>             | DDRESS)  | ·                                 |             |  |
|  |  |                                   | êa ;        | 3  |
|  | <del> </del>   |                                   |             | APR  |
| Enter new mailing address, if applicable:                      |  |                                   |             | Contractor<br>Sections                       |
| Mailing address MAY BE A POST OFFICE BOX                       | <del></del>  |                                   | F9          | - Chrone                                     |
| Maning address MAI BE A FOST OFFICE BOX                        | <u></u>  |                                   |             |  |
|  | <u></u>  |                                   |             | <u>,                                    </u> |
| B. If amending the registered agent and/or r                   | registered office address or                                   | our records, <u>ent</u>           | er the nan  | n<br>ne 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 C       | 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u>                           | <u>Name</u>                         | Address   | Type of Action |
|--|-------------------------------------|---|----------------|
| Mgr                                    | Angel O. Ramos                      | 207 N. Goldenrod Rd. Suite 100<br>Orlando, Florida 32807  | Add Remove     |
|  |                                     |   | Add Remove     |
| ······································ |                                     |   | Add<br>Remove  |
| <del></del>                            | <del></del>                         |   | Add Remove     |
|  | <del> </del>                        |   | Add<br>Remove  |
|  |                                     |   | Add<br>Remove  |
| D. If amen                             | ding any other information, enter o | change(s) here: (Attach additional sheets, if necessary.) | _              |
|  |                                     |   |                |
| —<br>Dated                             | April 5, ,                          | 2012  | and and        |
|  | Signature of a m                    | ember or authorized representative of a member            |                |
|  |                                     | arlos A. Rivero, Manager                                  |                |
|  |                                     | Typed or printed name of signee                           |                |

Page 2 of 2

Filing Fee: \$25.00