

L12000022154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

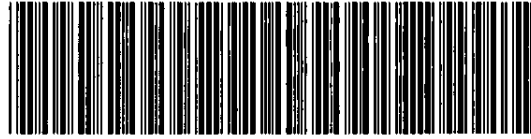
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: DR. PRINTHEAD LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Eduardo A. Meyreles
Name of Person

DR. PRINTHEAD LLC
Firm/Company

9350 FONTAINEBLEAU BLVD C-609
Address

Miami, FL 33172
City/State and Zip Code

drprinthead@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Meyreles at (**321**) **695-2811**
Name of Person Area Code & 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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DR. PRINTHEAD LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/15/12 and assigned
Florida document number L12000022154

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9350 FONTAINEBLEAU BLVD C-609

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33172

Enter new mailing address, if applicable:

9350 FONTAINEBLEAU BLVD C-609

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33172

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A
City

Florida

N/A
Zip 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

