

L12000022154

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12 APR 12 PH 1: 36
SECRETARY OF STATE
SECRETARY OF FLORIDA

COVER LETTER

TO: Registration S Division of Co			·	
SUBJECT:	DR. PR	INTHEAD LLC		
	Name of Limi	ted Liability Company		
•				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	r	-duanda A. B.A., watao		
	Eduardo A. Meyreles Name of Person			
	DR. PRINTHEAD LLC			
Firm/Company				
	Address			
Miami, FL 33172				
City/State and Zip Code				
	drprinthead@gmail.com E-mail address: (to be used for future annual report notification)			
5 6 4 . 6 .		·	ionj	
For further information (concerning this matter, please ca	all:		
Edu	ardo Meyreles	at (321) 69	95-2811	
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for t	he 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

FILED

12 APR 12 PM 1: 34 DR. PRINTHEAD LLC (Name of the Limited Liability Company as it now appears on our records.) ARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA: 02/15/12 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L12000022154 Florida document number 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." 9350 FONTAINEBLEAU BLVD C-609 Enter new principal offices address, if applicable: Miami, FL 33172 (Principal office address MUST BE A STREET ADDRESS) 9350 FONTAINEBLEAU BLVD C-609 Enter new mailing address, if applicable: Miami, FL 33172 (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A , Florida City

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:

J

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address Federico J. De la Cruz 18766 NE 18TH AVE APT.140 □ Add NORTH MIAMLBEACH, FL 33179 √ Remove Eduardo A. Meyreles 8240 ROSE GROVES RD Remove ORLANDO FL 32818 _□ Add ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ April 4th Signature of a member or authorized representative of a member Eduardo A. Meyreles Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00