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(R	Requestor's Name)			
(A	address)			
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(0	City/State/Zip/Phone #)			
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JUN 1 8 2012

EXAMINER



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COVER LETTER

TO:	Registration S Division of Co			
SURII	ECT:	RIGHTCL	ICKPRINT, LLC	
30 50 1	ber		ted Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
	G. Matthew Brockway			
			Name of Person	
			Firm/Company	
4919 Torrey Pines Run				
			Address	
5		<u></u>	Bradenton, FL 34211	
			City/State and Zip Code	
		E-mail address: (ockway@mergeapp.com to be used for future annual report r	notification)
For fur	ther information	concerning this matter, please c	all:	
		atthew Brockway	at (941)	225-5541
	Name o	of Person	Area Code & Day	rtime Telephone Number
Enclose	ed is a check for t	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio	JING ADDRESS: ration Section on of Corporations tox 6327	STREET/COU Registration Se Division of Co Clifton Buildin	rporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGHTCI	<u> ICKPRINT, LLC</u>		<u>.</u>	
(Name of the Limited Liability C (A Florida Lir	Company as it now appear nited Liability Company)	ors on our records.		
The Articles of Organization for this Limited Liability Cor	npany were filed on	April 5, 2012	and assigne	ed
Florida document number L12000046705				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbre	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	SS)			
			<u> </u>	
Enter new mailing address, if applicable:			JUH CARETI	
(Mailing address MAY BE A POST OFFICE BOX)			25 20 1	
B. If amending the registered agent and/or register	red office address on	our records, enter f	SIAN E of th	يَّةً <u>ie nev</u>
registered agent and/or the new registered office addre	ss here:	1	×	
Name of New Registered Agent:				
New Registered Office Address:				
	Er	nter Florida street addı	ress	
 	City	, Florida	Zip Code	
	City		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

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:

â

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> Address MGRM Tracie Leonhardt 2249 Riverside Dr. S. ☐ Add ✓ Remove Clearwater, FL 33764 G. Matthew Brockway MGRM 1940 Hyde Park St. Sarasota, FL 34239 Remove _ Add ☐ Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 12 2012 . Dated _____ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

G. Matthew Brockway