

L12000098418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500239144485

09/04/12--01007--022 **60.00

FILED
12 SEP -4 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP -5 2012
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Printing Hound 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:

Kim Rowe

Name of Person

Firm/Company

37644 Trilby Road

Address

Dade City FL 33523

City/State and Zip Code

info@print-it-on.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Rowe

Name of Person

at (352)

5833444

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**

FILED

12 SEP -4 PM 1:35

Printing Hound LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 31, 2012 and assigned
Florida document number L12000098418.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Kim Rowe

37644 Trilby Road

Dade City, FL 33523

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Kim Rowe

37644 Trilby Road

Dade City, FL 33523

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:

Kim Rowe

New Registered Office Address:

37644 Trilby Road

Enter Florida street address

Dade City

, Florida

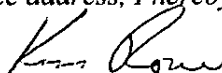
33523

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Blanca Padilla	9651 Starline Dr. Dade City, FL 33523	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kim Rowe	37644 Trilby Road Dade City, FL 33523	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUG 31, 2012.

Kim Rowe Kim Rowe

Signature of a member or authorized representative of a member

Kim Rowe

Typed or printed name of signee

FILED
12 SEP - 4 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA