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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PRINT ANYWHERE 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:

REINALDO R. ROMAN

Name of Person

PRINT ANYWHERE LLC

Firm/Company

13574 VILLAGE PARK DRIVE SUITE 205

Address

ORLANDO, FL 32837

City/State and Zip Code

BUSINESS@PROSOLUTIONSTEAM.COM

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

For further information concerning this matter, please call:

REINALDO R. ROMAN

321, 682-1124

Name of Person Area Co

----/ _____

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

PRINT ANYWHERE LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
he Articles of Organization for this Limited Liability Company were	filed on 03/28/2013 and assign
lorida document number L13000046171	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability of	company here:
he new name must be distinguishable and end with the words "Limited Liability C	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)	2011 A.S.
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	(% ? ?
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	RAN OE &
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records, enter the name of
Name of New Registered Agent:	
name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIANA CAROLINA MOSQUERA VALE	14615 CROSSTON BAY CT	- ■ Add
		ORLANDO, FL 32824	□ Remove
MGR	ANDREINA ROSELIN MOSQUERA VALE	14615 CROSSTON BAY CT	Γ. ■ Add
		ORLANDO, FL 32824	Remove
		TLLAHASSEE, FLORIDA	Add Remove
			Remove
			Remove

amending any other information, e	nter change(s) here: (Attach additi	ional sheets, if necessary.)
Fective date, if other than the date of e effective date must be specific, cannot be pried to the florida Defeate this document is filed by the Florida Defeat	ior to date of receipt or filed date and cannot	(optional) be more than 90 days after
JANUARY 23,	2014	
Reignold	Roman	
REINALDO R. R	ore of a member or authorized representative	e of a member
	Typed or printed name of signee	2014 JAN 27 SEORETAR TALLAHASS
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Page 3 of 3

Filing Fee: \$25.00