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From:

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PANELZ INKED LLC

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COVER LETTER

Division of Co				
PANELZ SUBJECT:	INKEDILLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Plense return all correspond	ondence concerning this matter t	o the following:		
	Cheyenne Moseleyk			
	7/10/10/10/10/10/10/10/10/10/10/10/10/10/	Name of Person	de 1110 - 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1110 1	
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For further information of	concerning this matter, please on			
Imelda Vasquez		at () 962-8600 ex	1 7950	
Name (of Person	Area Code - Daytime	Letephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filling 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 Faliahassee, 11, 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 MAY 13 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PANELZ INKED LLC

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/17/14 ___ and assigned Florida document number 1.14000062869 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 "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address. Ener Florida su eet caldiess Cin 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

Page 1 of 3

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member			
Title	Name	Address	Type of Action
			Add
			□ Remove
			□ Add
			☐ Remove
			□ Remove
E112-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Add
			□ Remove
			☐ Remove
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famending any other information, c	enter change(s) here: (Attach additional sheets, if necess
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Tective date, if other than the date as e effective date must be specific, cannot be pre- te date this document is filed by the Florida D.	of filing: (option rior to date and cannot be more than 90 days after appartment of State)
od May 9th Zol4	2/1/ 1/1 0
5-14	Hen Walland
5-12	inte of a member or amborized representative of a member Brad Allen Wallace

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Filing Fee: \$25.00