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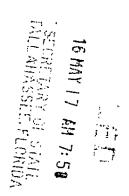
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MAY 20 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Picaza Printing Solutions 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:
Andrea Carolina Pinzon Name of Person
Picara Printing Solutions LLC Firm/Jompany
261 S. Biscayne Blud, Suite 2800, Address
Mrumi, FL, 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

Ficaza Print					
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability C	ow appears on our nompany)	cords.)		
The Articles of Organization for this Limited I		ed on <u>04</u>	17/20	1 <u>4</u> and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability com	pany here:			
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation	'LLC" or the a	bbreviation *L.	L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>	*
				<u> </u>	
Enter new mailing address, if applicable:				W 17	*
(Mailing address MAY BE A POST OFFICE			19 2		
				97. 7	1 man
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office add	lress on our rec	ords, <u>enter</u>	the name	of the new
registered agent and/or the new registered (mce address nere:				
Name of New Registered Agent:	ANDREA				
New Registered Office Address:		CAYNE Enter Florida street a		WITE ?	<u>280</u>
	Mrami		, Florida _	33131 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

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Filing Fee: \$25.00