L14000077412

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

Division of Corporations .
SUBJECT: Print & Mail Plus LLC Name of Limited Liability Company
, Hame of Emmed Emonity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gary L Fogal
Name of Person
Firm/Company
10/02 SW 156th CT
Addiess
Miami, FL 33196 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gary L Foga at (305) 982-8070 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2014

GARY L FOGAL ***2ND MAILING****
10102 SW 156TH CT
MIAMI, FL 33196

SUBJECT: PRINT & MAIL PLUS, LLC

Ref. Number: L14000077412

SECHLIARY OF COME SHOW OF COME SHOWS OF COME OF THE SHOWS OF COME OF THE SHOWS OF T

We have received your document for PRINT & MAIL PLUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P09000077404.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 814A00015530



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2014

GARY L FOGAL 10102 SW 156TH CT MIAMI, FL 33196

SUBJECT: PRINT & MAIL PLUS, LLC

Ref. Number: L14000077412

SECRETARY OF LOCAL STATE OF LOCAL SECRETARY OF LOCA

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Jenna D Harris Regulatory Specialist II

Letter Number: 814A00015530

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Print & M	Igil Plus LLC
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) orda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000077</u>	y Company were filed on May 13, 2014 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	——————————————————————————————————————
The new name must be distinguishable and and with the words.	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same 500
(Principal office address MUST BE A STREET AD.	DRESS) № SF-
Entar your mailing address if applicables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Save Si
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Begintoned A - and City shows if the 1970 in	City Zip Code
New Registered Agent's Signature, if changing Registe	ereu 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 Authorized Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGR	Gary L Fogal	10102 SW 156th CT	X Add
		10102 SW 156th CT Miami, FL 33196	□ Remove
			□ Remove
			🖸 Remove
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(The effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) Fig. 14 Nov. 4, 2014. Accuse 1 Acquainty
The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
(The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) Fig. 14 Nov. 4, 2014. Accuse 1 Acquainty

Page 3 of 3

Filing Fee: \$25.00

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