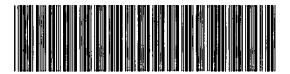
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Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TWKLLOR Tampabax Graphic ULC 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:	
Chase Wilsey Name of Person	
Tampulogy Graphics Firm/Company	
300 NW 34th drive Address	
Gainesville, Floridi 32607 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	र्क
For further information concerning this matter, please call:	ALIS T
Chase Wilson at (727) 776-4659 Name of Person Area Code Daytime Telephone Number	FILED AUG 24 M 2: 45
Enclosed is a check for the following amount:	表
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$\times \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$	tatus &

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

(Name of the Limited I	Lability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 6/11/2014 and assigned 25.	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the Tampa Bay Graphic. The new name must be distinguishable and contain the word	e limited liability company here: S LLC s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A	<u></u>	• - -
Enter new mailing address, if applicable:		· -
Mailing address MAY BE A POST OFFICE BO	x) The second se	_
R If amonding 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	e address here:	
Name of New Registered Agent:	5元 5	-
New Registered Office Address:	Enter Florida street address	-
-	, Florida	_
	Cuy 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager	' '
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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