

AUG/20/2014/WED

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L14000097921

Florida
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14 AUG 20 AM 8:40

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BUREAU OF COMMERCIAL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 20 PM 1:45

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AUG 21 2013

T. BROWN

AUG/20/2014/WED 10:01 AM
850-617-6381

FAX No.

P. 002

8/20/2014 8:38:25 AM PAGE 1/001 Fax Server



August 20, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOFTPRINT LLC
2925 NW 130TH AVE
SUITE 203
SUNRISE, FL 33323US

SUBJECT: SOFTPRINT LLC
REF: L14000097921

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000195371
Letter Number: 914A00017865

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14 AUG 20 AM 8:40

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOFTPRINT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 AUG 20 PM 1:45
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 06/18/2014 and assigned
Florida document number L14000097921

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 "L.L.C."

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:

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 Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

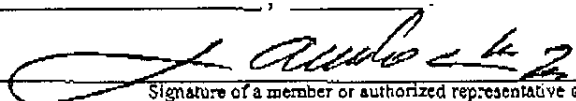
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAYRA GARRIDO	2925 NW 130TH AVE	<input type="checkbox"/> Add
		SUITE 203	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33323	
MGR	OMAR R.EGEA	2925 NW 130TH AVE	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		SUNRISE, FL 33323	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ANTONIO GARRIDO	50%
OMAR R. EGEA	50%

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08/14/ 2014



Signature of a member or authorized representative of a member

ANTONIO GARRIDO

Typed or printed name of signer