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SECRETARY OF STATE

# **COVER LETTER**

Division of Corporations	
SUBJECT: Recreational Screen Printing & Apparel 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:	
Benton Ewing Name of Person	
Recreational Screen Printing & Apparel	
3601 N Divie Hwy Bay 2	
Bola Paton, FL 33431 Baya City/State and Zip Code	
For further information concerning this matter, please call:	
Benton @ Vecreational Screen Printing. Complete Seminal address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Solution   Soluti	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & 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

# TO ARTICLES OF ORGANIZATION OF

Recreational Screen  (Name of the Limited Liability Compa (A Florida Limited)	Prints & APPare ( my as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIHDO0127157</u> .  This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Boca Raton FL 33431
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Bola Ration, FL 33431
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
	201 SEC
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address  Florida:  City  Ci
New Registered Agent's Signature, if changing Registered Agent:	City Florida : Zip Code

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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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_	Sign	ature of a member or	authorized representati	ve of a member			_
_	Benton	Ew in	9				-

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Filing Fee: \$25.00