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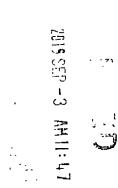
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TC		egistration Se ivision of Cor				
ęп	DICCY	Pirate's Bay	Printing			
30	SUBJECT:Name of Limited Liability Company					
The	e enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Ple	ase retu	rn all correspo	ndence concerning this matter	to the following:		
			Eric Lund			
			Pirate's Bay Printing	Name of Person	<del></del>	
			6091 Johns Rd Suite 7	Firm/Company		
			Tampa, FL 33634	Address		
			eric@myshirtfund.com	City/State and Zip Code		
			E-mail address: (I	to be used for future annual report notifi	cation)	
For	r further	information c	oncerning this matter, please ca	all:		
Eri	ic Lund			813 363-3567 at ()		
		Name o	f Person	Area Code Daytime	Telephone Number	
Ene	closed is	s a check for th	ne following amount:			
	\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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



Pirate's Bay Printing

2019 SE? - 3 AH 11: 47

(Name of the Limi	ited Liability Com	pany as it now appears on our records.) d Liability Company)	÷ .
	(A Florida Limite	d Liability Company)	· · · ·
The Articles of Organization for this Limited L Florida document number L14000189056	iability Compar	ny were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		6091 Johns Rd Suite 7 Tampa, FL 33634	
B. If amending the registered agent and registered agent and/or the new registered 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Hatcher	4002 S Coolidge Ave	
		Tampa, FL 33611	
		7 ampa, 1 E 33011	■ Remove
			☐ Change
MGR	Eric Lund	6091 Johns Road Suite 7	
		Tampa, FL 33634	■ Add
			□ Remove
			Change
			Add
		<del></del>	□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
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	i	August 28, 2019			
Affective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	he date of filing: _ nust be specific and car block does not meet	nnot be prior to date t the applicable st	of filing or more than atutory filing requi	(optional) 90 days after filing.) Purements, this date wil	rsuant to 605,0207 ( I not be listed as th
e record specifies a delay The 90th day after the re	ed effective date ecord is filed.	e, but not an o	effective time, a	at 12:01 a.m. on	the earlier of:
Dated August 28	2	2019			
0/	<del>7 /                                   </del>	· · · · · · · · · · · · · · · · · · ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00