

L15 0000007937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

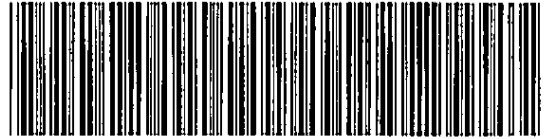
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FILED  
2022 OCT 20 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STICKERKID LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marius Hernberg

Name of Person

Stickerkid

Firm/Company

14311 Biscayne Blvd #607

Address

North Miami FL 33181

City/State and Zip Code

stickerkidusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marius Hernberg

786 208 5617  
at ( ) Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

STICKERKID LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/14/2015 and assigned  
Florida document number L15000007937.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WEPRINT GROUP LLC

The new name must be distinguishable and contain 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*

**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**

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TALLAHASSEE  
SECRETARY OF STATE

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Task	Time	Cost	Benefit	Net Benefit	Decision
Task 1	10	20	30	10	Add
Task 2	15	30	40	10	Add
Task 3	20	40	50	10	Add
Task 4	25	50	60	10	Add
Task 5	30	60	70	10	Add
Task 6	35	70	80	10	Add
Task 7	40	80	90	10	Add
Task 8	45	90	100	10	Add
Task 9	50	100	110	10	Add
Task 10	55	110	120	10	Add
Task 11	60	120	130	10	Add
Task 12	65	130	140	10	Add
Task 13	70	140	150	10	Add
Task 14	75	150	160	10	Add
Task 15	80	160	170	10	Add
Task 16	85	170	180	10	Add
Task 17	90	180	190	10	Add
Task 18	95	190	200	10	Add
Task 19	100	200	210	10	Add
Task 20	105	210	220	10	Add
Task 21	110	220	230	10	Add
Task 22	115	230	240	10	Add
Task 23	120	240	250	10	Add
Task 24	125	250	260	10	Add
Task 25	130	260	270	10	Add
Task 26	135	270	280	10	Add
Task 27	140	280	290	10	Add
Task 28	145	290	300	10	Add
Task 29	150	300	310	10	Add
Task 30	155	310	320	10	Add
Task 31	160	320	330	10	Add
Task 32	165	330	340	10	Add
Task 33	170	340	350	10	Add
Task 34	175	350	360	10	Add
Task 35	180	360	370	10	Add
Task 36	185	370	380	10	Add
Task 37	190	380	390	10	Add
Task 38	195	390	400	10	Add
Task 39	200	400	410	10	Add
Task 40	205	410	420	10	Add
Task 41	210	420	430	10	Add
Task 42	215	430	440	10	Add
Task 43	220	440	450	10	Add
Task 44	225	450	460	10	Add
Task 45	230	460	470	10	Add
Task 46	235	470	480	10	Add
Task 47	240	480	490	10	Add
Task 48	245	490	500	10	Add
Task 49	250	500	510	10	Add
Task 50	255	510	520	10	Add
Task 51	260	520	530	10	Add
Task 52	265	530	540	10	Add
Task 53	270	540	550	10	Add
Task 54	275	550	560	10	Add
Task 55	280	560	570	10	Add
Task 56	285	570	580	10	Add
Task 57	290	580	590	10	Add
Task 58	295	590	600	10	Add
Task 59	300	600	610	10	Add
Task 60	305	610	620	10	Add
Task 61	310	620	630	10	Add
Task 62	315	630	640	10	Add
Task 63	320	640	650	10	Add
Task 64	325	650	660	10	Add
Task 65	330	660	670	10	Add
Task 66	335	670	680	10	Add
Task 67	340	680	690	10	Add
Task 68	345	690	700	10	Add
Task 69	350	700	710	10	Add
Task 70	355	710	720	10	Add
Task 71					

[illegible]

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the date of filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/17/22

Signature of a member or a

Signature of a member or authorized representative of a member

MARION HERNIMAN,

Typed or printed name of signee

**Filing Fee: \$25.00**