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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	
	
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Div	ision of Cor	porations		
SUR IFOT:	DEFINITIO	ON PRODUCTION & PRINTE	NG LLC	
MATALLET .			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael Jacques		
			Name of Person	
		DEFINITION PRODUCT	ION & PRINTING LLC	
			Firm/Company	
		8502 April Sound CT		
		***	Address	
		Tampa/ FL, 33634		
		definition.production.printin	City/State and Zip Code ng@gmail.com	
		E-mail address: (to be used for future annual report notil	ication)
For further in	nformation c	oncerning this matter, please ea	all:	
Michael Jacc			786 859-1187 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 F	iling 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

TO:

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

DEFINITION PRODUCTION & PRINTING	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records,) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05-08/2015	and assigned
Plorida document number 1.15000082300	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "I.I.C" or the	re abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		27t V. 1
		ည့
 If amending the registered agent and/or regist registered agent and/or the new registered office addr 	ered office address on our records, en	er the name of the
egistered agent and/or the new registered office addr	ess nere.	
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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		MIAMI, FL 33167	
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.vore:	o5/14/2019 re date, if other than the date of filing:
ne reco The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated [Auy 24 2019
	Signature of a member or authorized representative of a member
	Michael Jacques Typed or printed dame of signee

Page 3 of 3

Filing Fee: \$25.00