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(Requ	iestor's Name)	
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JOETANIS JULY

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Defic	ition Production !	Printing LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Micha	Pl Jacques Name of Person	
	Definition Pra	Vition Printing	LLC
	8502 April	Sand CT Address	
	Jampz, FL	23634 City/State and Zip Code	
	definition. Producti	120. Printing @ (mzil. (COM (fication)
For further information co	oncerning this matter, please ca		
Michael Ja	cques	at (786) 859 – Area Code Daytin	1187
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
절 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632	7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEFINITION PRODUCTION 3 PRINTING LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

	d office address on our reco	rds, enter the name of the new registere
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida	street address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida	
Name of New Registered Agent:	Enter Florida Cüy	sireei address Florida

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	Michael Jacques	8502 April Sound CT	
	·	8502 April Sound CT Tampa FL, 33634	□Remove
		·	🗹 🖂 Change
			□Add
			□Remove
			Change
		□Add	
		Remove	
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		□Remove	
		□Change	
			□Add
	·		□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Changing title name from President to Manager.
50.00	ive date, if other than the date of filing:(optional)
n ef	fective 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 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
cui	icht s checuve date on the Department of State's records.
	rd 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 led.
•5 •	
	April 27th 2022
ted	10211 21 2922
	Λ_{i}
	Signature of a member or authorized representative of a member
	Michael Jacques Typed or printed name of signee
	Typed or printed name of signee

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