

L15000121068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

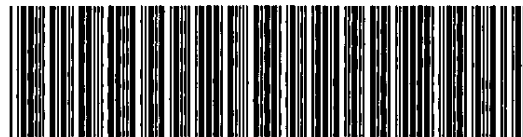
(Document Number)

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MAY 24 2017
S. YOUNG

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TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

TENNILLE WEEMS
EXODUS PRINTING CO. LLC
1782 FOGGY DAY DRIVE
MIDDLEBURG, FL 32068

SUBJECT: EXODUS PRINTING CO. LLC
Ref. Number: L15000121068

We have received your document for EXODUS PRINTING CO. LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

PRINT CHARMING, INC. - P14000085577

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 417A00006760

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TALLAHASSEE, FLORIDA

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2017 MAY 22 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

Exodus Printing Co. LLC

SUBJECT: _____
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:

Tennille Weems

Name of Person

Exodus Printing Co. LLC

Firm/Company

1782 Foggy Day Drive

Address

Middleburg, FL 32068

City/State and Zip Code

tqweems@hotmail.com

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

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TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

For further information concerning this matter, please call:

Tennille Weems 904 710-5442

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Exodus Printing Co. 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 July 15, 2015 and assigned
Florida document number L15000121068.

This amendment is submitted to amend the following:

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

~~Exodus Printing Co. LLC~~ It's Prints Charming 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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Aaron Canaday	8550 Argyle Business Loop	<input checked="" type="checkbox"/> Add
		# 1406, Jacksonville, FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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17 APR - 6 PM 2009

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1/ APR 0 1963

17 APR -6 PM 2:05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 3, 2017

E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 3, 2017

T. Wilson

Signature of a member or authorized representative of a member

Tennille Weems

Typed or printed name of signee