

# L160000005935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

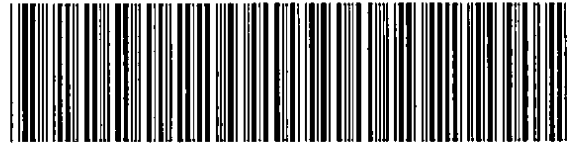
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 MAR 14 AM 11:58  
STATE  
OFFICE, FL

RECEIVED  
2023 MAR 14 PM 3:23  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160: \$ 25.00

Authorization Signature: 

SYNERGY ART AND PRINTING STUDIO LLC

L16000005935

**BUSINESS NAME**

**DOCUMENT #**

     Certified Copy of Articles of Organization

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMMENDMENTS**

  X   Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution  
     Merger  
     Conversion  
     Amended and restated Articles  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE

Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SYNERGY ART AND PRINTING STUDIO LLC

\_\_\_\_\_  
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:

BASILIO ALVAREZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

741 NW 54 St

\_\_\_\_\_  
Address

Miami, FL 33127

\_\_\_\_\_  
City/State and Zip Code

artfulprintstudio@gmail.com

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

For further information concerning this matter, please call:

BASILIO ALVAREZ

305

972-5350

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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**

SYNERGY ART AND PRINTING STUDIO LLC

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

FILED  
2016 FEB 14 AM 11:58

The Articles of Organization for this Limited Liability Company were filed on 01-07-2016

Florida document number 116000005935

This amendment is submitted to amend the following.

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

ARTFUL PRINTERS 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:

741 NW 54 St

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33127

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

[illegible]

RECEIVED  
FLORIDA STATE  
UNIVERSITY  
TALLAHASSEE, FL

11/11/2011 11:58 AM  
L. J. ROSE, JR.  
L. J. ROSE, JR.

(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)

**Filing Fee: \$25.00**