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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER AUG 21 2018

COVER LETTER

Division of Corp	orations		
SUBJECT: Alter	native Print	er Parts LLC ited Liability Company	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Gran	am Onion Name of Person	
		Printer Parts	
	12927 Bell		
	Clermont,	Horida 347	<u>'' </u>
	Andria E-mail address: (1	Horida 347 City/State and Zip Code Of AITCOP. Con to be used for future annual report notif	nication)
For further information co	neerning this matter, please ca		
Andria	Canada	at (<u>311</u>) <u>501</u> Area Code Daytime	-4742_
Name of	Person	Area Code Daytime	e 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:

TO:

Registration Section

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

Alternative Printer	- Parts LLC	ur records.)		
(Name of the Limited Liability Comp. (A Florida Limited				
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400000 6874</u> .	y were filed on	1n 11 2014	2 and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
			intim will C	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	tion "LLC, or the acc	-	••
Enter new principal offices address, if applicable:				–ē–
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	-1816 O∄S
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
			9	ARY SHIP FILE
Enter new mailing address, if applicable:			<u>P</u>	<u> 포</u> 스(C
(Mailing address MAY BE A POST OFFICE BOX)				- 7
- Carrier 1950			<u>_</u>	<u>~</u> ₹~
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our <u>ere</u> :	records, <u>enter</u>	the name of	the new
Name of New Registered Agent:			.	
New Registered Office Address:				
	Enter Florida st	reet aaaress		
		Florida	Zip Code	
	City:		mp com	

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 Type of Action <u>Address</u> 12927 Bellerive Dr. KAdd
Clermont, FL 347/1 Rem Andria Canada ☐ Change □ Add ☐ Remove ☐ Change □ Add ____ Remove

		_□ Change
 		_□ Add
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. If amending any other information, enter change(s) here: (Attach additional sheets, if no	ccessury.)	
<u>,</u>		
		ISIVID 338
	AUG II	
	5 3	CORPO
	#H II 1	RATION
		′^
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at $12:01$.) The 90th day after the record is filed.	a.m. on the earlie	r of:
Dated August 13 th 2018. Signator of a member or authorized representative of a member		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00