## LIGOGGAIDAG

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PIĆK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_

Office Use Only



800301123558

07/07/17--01006--014 \*\*25.00

17 JUL -7 PH 2: 21

17 JUL - 7 PH 2: 35

RRUCE

## **COVER LETTER**

ΓΘ: Registration Sec Division of Corp				
SUBJECT: Paper	Lion Graphic	and Prints LLC		
The enclosed Articles of A	mendment and fee(s) are subm	ined for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	- Eric C	May 1 New 1		
	Paper Lion (	Firm/Company	into LLC	
	1026 Wa	Address		WARRY TA JI
	Deltona F	City/State and Zip Code		·
	eric mather E-mail address: (to	w) 850 @ 4 h h oo. (0) be used for future administration	cation)	7 PM 2: 35
For further information co	oncerning this matter, please ca	11:		35 T
En C Name of	Mathews Person	at (407) 637 Area Code Daytime	7 Telephone Number	
Enclosed is a check for th	ne following amount:			
S25.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paper Lion Graphics and Print (Company as it now appears on our records.)

(Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ | 1/29 | 16 \_\_\_\_ and assigned Florida document number <u>L1600021020</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) Do Itona 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:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			Remove
			— ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴
			☐ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			Remove
			□ Change

 <u> </u>
(optional) of filing or more than 90 days after filing ) Pursuant to 605.02

Page 3 of 3

Filing Fee: \$25.00