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

Office Use Only



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COVER LETTER

	tion Section of Corporations
Esp SUBJECT:	ressivo Group LLC
SUBJECT:	Name of Limited Liability Company
	cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:
	Shawn Jasmin
	Name of Person
	Espressivo Group LLC
	Firm/Company
	3107 Spring Glen Rd, Suite 200
	Address
	Jacksonville, FL 32207
	City/State and Zip Code
	shawn@onestopprintpros.com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Shawn Jasmin	904 401-0719 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

s it now appears on our records.) hity Company)
re filed on and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
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address on our records, enter the name of the
Enter Florida street address
, Florida
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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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR.= Manager AMBR = Authorized Member				
AMBR = Authorized Member	MGR.=	Mahager		
	AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the	date of filing	;:		(o	ptional) -	57	
effective date is listed, the date mute: If the date inserted in this burnent's effective date on the Exercise and the specifies a delaye	lock does not m Department of S d effective d	neet the applica tate's records.	ble statutory fil	ing requirements.	this date will n	ot be lis	tec
he 90th day after the red	ord is filed.						
July 12th		2018					
10	 7	T	_				
		2					
	Signature ar a n						

Page 3 of 3

Filing Fee: \$25.00