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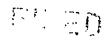


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COVER LETTER

TO: Registrati División o	on Section f Corporations
	top Print Pros LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Shawn Jasmin
	Name of Person
	One Stop Print Pros LLC
	Firm/Company
	8725 Youngerman Ct. Suite 306
	Address
	Jacksonville, FL 32244
	City/State and Zip Code
	Shawn@904Printing.com E-mail address: (to be used for future annual report notification)
For further information	ion concerning this matter, please call:
Shawn Jasmin	904 431-2998
N	at ()att ()ame of Person
Enclosed is a check	for the following amount:
■ \$25,00 Filing F	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section Registration Section of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ONE STOP PRINT PROS LLC		2022 OCT -3 AH 11: 00
(Name of the Limited Liability (A Florida Li	Company as it now appears on our rimited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L16000024371	mpany were filed on $\frac{02/04/2016}{}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LEC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
	1-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	4-1-	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Cin	Florida

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 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>	Type of Action
MGR	JASMIN, GREGORY P	8725 Youngerman Ct. #306	
		JACKSONVILLE, FL 32244	□Remove
			□ Change
		_	□Add
			□Remove
			□ Change
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ecord specifies a delayed effective d is filed.	ate, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) The	: 90th day after the
September 23rd ited	2022			
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