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2016 MAR 15 P 1: 3: SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
PRESS TO SUBJECT:	PRINT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are subondence concerning this matter	_	
	GEORGE A SAMOUR JR		
		Name of Person	······
	PRESS TO PRINT		
		Firm/Company	····
	12300 SW 98 ST		
		Address	
	MIAMI, FL 33186		
		City/State and Zip Code	
	GCOE-G@HOTMAIL.COI	M to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		ication
GEORGE A SAMOUR	·-	305 726-6948	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		ZO TALL
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy); 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

PRESS TO PRINT LLC				
(Name of the Limited Liab (A Flori	<mark>bility Company as</mark> rida Limited Liabilit	it now appears on or y Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number L16000031952	y Company were	filed on 2/15/201	6	and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability o	ompany here:		
The new name must be distinguishable and contain the words "L	Limited Liability Co	mpany," the designat	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			····	
(Principal office address MUST BE A STREET ADI	DRESS)	<u></u>		
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent:		address on our	records, enter 1	the name of the new
New Registered Office Address:		27 . 275 . 1	. 11	
	•	Enter Florida str	3	Zo. ≥
		 City	, Florida	Zin Code
New Registered Agent's Signature, if changing Registe	ered Agent:	•	n A S S	AR _
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete perfo l agent as provi ered office addr	ormance of my d ded for in Chapt	uties, and I am-fo er 605, F.S. OK	imilian with and if

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORGE A SAMOUR JR	12300 SW 98 ST MIAMI, FL 33186	■ Add
			□ Remove
			Change
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(If an e Note	tive date, if other than the date of filing:	er filing:)/Pur	suant to 6 not be li	05.0207 (3 sted as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on	the ear	lier of:
Dated	ı			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00