1600034341

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Let's Print 6 Design LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shamara Woodson Name of Person
Firm/Company
1332 lakectest Dr.
PROPICA, FC 32703 City/State and Zip Code
Copley. Frazier LLC a cimail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shamara Wowl500 at 407 3000 Bl Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status 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

Let's Print b Desi (Name of the Limited Liability Compa (A Florida Limited Li	90 LLC ny as it now appears on our re-	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1600034341		0, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile in the limited liabile and contain the words "Limited Liabile and contain the words "Limited Liabile".	ent Prental	S LLC LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2620 N. Booth D- Orly FL 3	Hiawassee Rd 2818
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1332 lake	Ciest Dr
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Utrana
	Enter r tortaa street aa	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
If Chan	ging Registered Agent, Signat	are of New Registered Agent

Page 1 of 3

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 **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change _ Add _□ Change

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e record specifies The 90th day after Dated Port	Janon So	nature of a mem	ber or authorized	I representative of a	member		APR 30	

Page 3 of 3

Filing Fee: \$25.00