(Re	equestor's Name)
(Ac	ddress)
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(Cı	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ri	usiness Entity Name)
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(Do	ocument Number)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
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S. YOUNG

COVER LETTER

Division of Co	rporations			
	e Tees, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kent Nguyen			
		Name of Person		
	Inkeredible Tees, LLC			
		Firm/Company		
	110 Wise Ave Unit 8			TAL SE
		Address		SA CAR
	Niceville, FL 32578			TE NOV -7 PM
	kent@ink-tees.com	City/State and Zip Code		PM 1: 13
	E-mail address: (to be used for future annual report notific	cation)	: 13
For further information of	concerning this matter, please c	all:		3
Kent Nguyen		850 460-5532		
Name (of Person		Telephone Number	<u>-</u>
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

TO:

Registration Section

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

inkeredible fees, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L16000035958	ity Company were filed on 02/22/2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Gulf Coast Ink, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	A LEG
(Principal office address MUST BE A STREET A	DDRESS)	NO ALE
		7 PM
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<u> </u>
B. If amending the registered agent and/or a registered agent and/or the new registered office		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flori	ida
	City	Zip Code

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
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i fective d : an effective	ate, if other than	the date of t e must be specifi	iling: c and cannot	12/1/16 t be prior to d	ate of filing or	more than 90 d	_ (optional) ays after filing.) Pu	rsuant to 605.0
<u>ote:</u> If the	e date inserted in the effective date on t	iis block does :	not meet th	e applicable	statutory fil	ing requireme	ents, this date will	not be listed
	specifies a dela h day after the			but not a	n effective	time, at 1	2:01 a.m. on	the earlier
	·							
ated	November	3		2016				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00