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SECTETARY OF STATE
SECTETARY OF STATE

K. SALY FEB 2 7 2017

COVER LETTER'

TO: Registration Se Division of Cor			
Gulf Coast SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kent Nguyen		
	-	Name of Person	
	Gulf Coast Ink, LLC		
	***************************************	Firm/Company	
	110 Wise Ave. Unit 8		
	-	Address	
	Niceville, FL 32578		
		City/State and Zip Code	····
	kent@gulfcoastink.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Kent Nguyen		850 460-5532 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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**

2017 FEB 24 PM 4 29
ALL AHARY OF STATE

Gulf Coast Ink, LLC

(Name of the Limited Liabili (A Florida	a Limited Liability Company)	ASSEE, FLORIDA
The Articles of Organization for this Limited Liability C	Company were filed on 11 7 16	and assigned
Florida document number <u>L 16008 35958</u>	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Emerald Prints, LLC		
The new name must be distinguishable and contain the words "Lim	atted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		
	·	Palace - 18Hale - P
2. If any allow the analytical and any low and	4d	4 Ab Ab
If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flori	da
·	, Florid	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
hereby accept the appointment as registered agent (and agree to act in this capacity. I furth	er agree to comply with t

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: FILED MGR = Manager 2017 FEB 24 PM 4 29 AMBR = Authorized Member **Type of Action** <u>Title</u> **Address** <u>Name</u> □ Add _□ Remove ☐ Change _□ Add ☐ Remove _ Change _□ ∧dd _□ Remove ☐ Change □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change □ Add □ Remove _

Change

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Filing Fee: \$25.00