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COVER LETTER

Division of Corporations
SUBJECT: Double R Reprographics 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:
Rhonda Richardson Name of Person
Double R Reprographics
4540 49th are North
ST. Petersburg FL 33714 City/State and Zip/Code Rhonda - Richardson - 46123 Qyahoo.com E-mail address: (to be used for future annual and address)
For further information concerning this matter, please call:
Rhonda Richardson at (317) 374 - 518 7 7 Number 2 2
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status & 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

Double B	Reoro a ra ohics Liability Company as it now appears on our records.			
(A I	Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi	lity Company were filed on	ما	and assig	gned
Florida document number L16 000115	مالدة			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	e limited liability company here-			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designment Time of	# the abbi	reviation "L.L	.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)	···		
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	(X)			····
B. If amending the registered agent and/or		enter t		f the new
registered agent and/or the new registered office	e aduress nere:	Ë	2016	•
N CN D ' 14		AH.	E	П
Name of New Registered Agent:		<u> </u>	20	
New Registered Office Address:	E . Cl. d			η
	Enter Florid a street address	0	J C	כ
-	, Flori	ida 🚉 🚉	Zap Code	
	CHY	,	CDUC بہتمہ	

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rhonda Richardson	1 4540 49th ave. N	i Add
		ST. Petersburg, FL 337	□ Remove
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Effec	tive date, if other than the date of filing:(option	eraffi.	
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at 1 If the date inserted in this block does not meet the applicable statutory filing requirements.		isted as
docu	ment's effective date on the Department of State's records.		
,			a andiou of
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.e 90th day after the record is filed.	m. Qn u	e earner or
Date	1 July 9, 2016.		
	Ola da Dichardan)		
	Signature of a member or authorized representative of a member		
	Khonda Richardson Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00