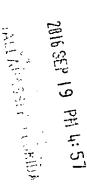
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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September 21, 2016

R & J PRINTING SOLUTIONS LLC. ROLANDO COMPANIONI 5537 SHELDON RD TAMPA, FL 33615

SUBJECT: R & J PRINTING SOLUTION LLC.

Ref. Number: L16000130561

We have received your document for R & J PRINTING SOLUTION LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 516A00020307

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|--------------|--------------------------------------|--|---|---|--|
| cuni | row. | R & J PRIN | ITING SOLUTIONS LLC. | | |
| SUBJ. | ECT: | Name of Lim | ited Liability Company | | |
| The er | nclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | |
| | | ROLANDO |) COMPANIONI | | |
| | | | Name of Person | | |
| | R & J PRINTING SOLUTIONS LLC. | | | | |
| | Firm/Company | | | | |
| | 5537 SHELDON ROAD | | | | |
| | Address | | | | |
| | | TAMPA, FI | ـ. 33615 | | |
| | | | City/State and Zip Code | | |
| | | | oftampa@brighthouse.com | | |
| | | | to be used for future annual report notif | ication) | |
| For fu | rther information co | oncerning this matter, please ca | all: | | |
| ANII | BAL ROBAYO | | 813 965-0926 | | |
| | Name of | Person | Area Code Daytime | e Telephone Number | |
| Enclos | sed is a check for th | e following amount: | | | |
| ■ \$2 | 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**

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| 1998 | EFF SAME |

| R & J PRINTING S | COLUTIONALI | C | TALLANGIAN PH 2: 0 | |
|--|------------------|---|------------------------------|--|
| | | any as it now appears on our records. Liability Company) |) SEE SEE | |
| The Articles of Organization for this Limited Liabi Florida document number L16000130561 | | were filed on | and assigned | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of th | e limited liab | pility company here: | | |
| R & J PRINTING SOLUTION | ONS LLC. | | | |
| The new name must be distinguishable and contain the word | s "Limited Liabi | ility Company," the designation "LLC" | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 5537 SHELDON ROAD | | |
| (Principal office address MUST BE A STREET A | (DDRESS) | TAMPA, FL. 33615 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO |)X) | P.O. BOX 340361 TAMPA, FL. 33694-0361 | | |
| Name of New Registered Agent: | e address her | COMPANIONI | enter the name of the new | |
| New Registered Office Address: | | Enter Florida street address | | |
| | ТАМРА | Flas | -ido 33624 | |

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.

City

, Florida <u>³³⁶²⁴</u>

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 | ROLANDO COMPANIONI | 8826 HAMPDEN DRIVE | |
| | | TAMPA, FL. 33626 | Remove |
| | | | ☐ Change |
| AMBR | JUAN RODRIGUEZ | 16248 VERNDALE | □ Add |
| | | SPRINGHILL, FL. 34610 | □ Remove |
| | | | Change |
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| | | | Character Character |

| NUMBER IS ASSOCIATED V | WITH R & J PRINTING SOLUTION | ONS LLC. | |
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| tive date, if other than the d | ate of filing: | (optional) | |
| fective date is listed, the date must I | be specific and cannot be prior to date o | of filing or more than 90 days after filing.) tutory filing requirements, this date w | Pursuant to 60 /ill not be list |
| nent's effective date on the Dep | partment of State's records. | , , | |
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| cord specifies a delayed e 90th day after the reco | | ffective time, at 12:01 a.m. o | n the earli |
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| SEPTEMBER 14 | , 2016 | | |
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Page 3 of 3

Filing Fee: \$25.00