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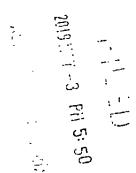
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J 1 GRAPHICS 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:
Steven MANDAZA. Name of Person
JI GRAPHICS LLC Firm/Company
8600 COMMODITY CIR. STE 140
OPLANDO, FL 32819 City/State and Zip Code in fo @ Supreme wrapsfl. com B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NATHAN BYNUM at (407) 900 - 0190 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$55.00 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

11 GRAPHICS	pany as it now appears on our records.) d Liability Company)
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LIGOOO 14635</u> 6.	by were filed on $8/4/30/6$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D. 5.5
B. It amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nevere</u> :
Name of New Registered Agent: STEV New Registered Office Address: 7500 OR L	IEN MANDALA. DESTRUNTE BLVO #511 Enter Florida street address -ANDO Florida 3235. 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. Thereby 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
MGR	STEVEN MANDALA.	7520 WESTPOINTE BLVO #511	i XAdd
		ORLANDO, FL 32819	Remove
			Change
	THIAGO DE ASSUNCAO	11309 Mighty Oak Ct	🗆 Add
		Oriondo FL 32821	Remove
			🗆 Change
	AMANDA ASSUNCAO	11309 Might Oak et	\ Add
		Orlando FL 32821	Remove
			Change
			_□ Add
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lf an efi	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	APRIL 20, 2019.
	Signature of a member or authorized representative of a member
	THIAGO DE ASSUNCAO. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00