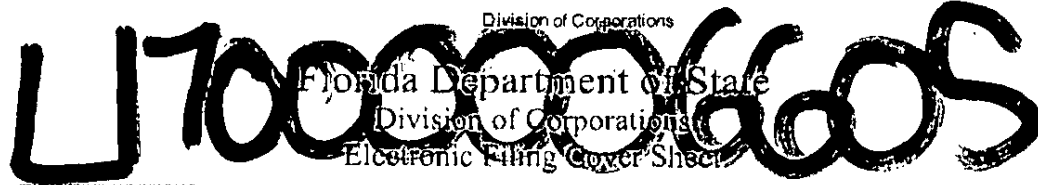


3/27/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000083155 3)))



H170000831553ABC/

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAHN LOESER & PARKS
Account Number : I20070000069
Phone : (239)254-2900
Fax Number : (239)592-7716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: folkman@hahnlaw.com

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H17000083155 3

The Proper Printer, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 10, 2017 and assigned Florida document number L17000006605.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

7448 Byrons Way

Naples, Florida 34113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7448 Byrons Way

Naples, Florida 34113

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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STATE
SECRETARY OF
CORPORATIONS

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen Moley	7448 Byrons Way	<input checked="" type="checkbox"/> Add
		Naples, Florida 34113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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The federal employer identification number of the limited liability company

is 82-0914754.

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E. Effective date, if other than the date of filing: _____ (optional)

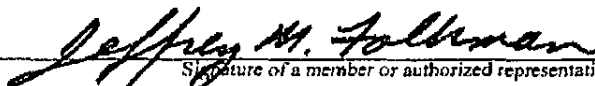
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 27, 2017



Signature of a member or authorized representative of a member

Jeffrey M. Folkman

Typed or printed name of signer