

(F	Requestor's Name)	
(A	\ddress)	
	Address)	
(0	City/State/Zip/Phone #)	
·	, ,	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(C	business Entity Name)	
-		
(L	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	47 GRA	PHICS, LLC		control of the state of the sta
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
	•	Firm/Company		2025
		3 Greenway Plaza #132	o 25	130
		Address		t G
		Houston, TX 77046	• .	- - -
		City/State and Zip Code	· · ·	ŗ
	15 mail addesses	skin0311@gmail.com		
For further information of	concerning this matter, please c		report nonneadony	
Sonia	Becerra	at (<u>877</u>)	777-0450	
Name (of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
₹ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status	
<u>Mailing Addre</u> Registration	Section		ation Section	
Division of C			n of Corporations	
P.O. Box 63: Tallahassee,			ntre of Tallahassee . Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

47 GRAPHICS, LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	1 on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	01/13/2017	and assigned
Florida document numberL17000010760		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	re:	
The new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		94 70
		2 DE CALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the nam</u>	e of the new register
agent and/or the new registered office address fiere.		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flori	ida street address	
	, Florida	
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, I hereby confirm that the limited liability company has been notified in writing of this change.

X 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	ERIC SKINNER	834 MARY STREET	🗆 🗅 Add
		FERNANDINA BEACH, FL 32034	XRemove
			[]Add
			□ Remove a
			DAdd
			 U □Change
			□Add
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an effective da lote: If the da	e, if other than the date of filing:(optional) the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records.	 05.02 sted
record specifi	ries a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	er the
	<u> 13-7017.</u>	
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ated	5/.	

Filing Fee: \$25.00