## L17000127123

(Re	questor's Name)	
(Ad	dress)	<del></del>
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PICK-UP	☐ WAIT	MAIL MAIL
	Takitu Nama	<del>-1</del>
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S. WARREN JUL 1 8 2017

### **COVER LETTER**

TO:	Registration Se Division of Cor			•
CLID III	Regency Li	tho Assets LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Dominick Felix		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Regency Litho Assets LLC		
			Firm/Company	
		228 Arlington Rd N Suite	2	
			Address	
		Jacksonville FL 32211		
			City/State and Zip Code	
		d.felix@myacas.com		· · · · · · · · · · · · · · · · · · ·
For fur	ther information c	e-mail address: () oncerning this matter, please co	to be used for future annual report notifull:	neauon)
Domin	ick Felix		904 651-9681 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>É</b> \$25	5.00 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

Regency Litho Assets LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Colorida document number L17000127123	mpany were filed on $\frac{06/}{}$	)9/2017 and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ed liability company he	<u>e</u> :
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Samuel State House State House		
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or the new registered office addressed.  Name of New Registered Agent:		our records, enter the name of the no
New Registered Office Address:		
	Enter Flori	da street address
	721.	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered	City	Zip €ode
hereby accept the appointment as registered agent are rovisions of all statutes relative to the proper and concept the obligations of my position as registered age eing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	mplete performance of sent as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	1001 1 11 1	

Page 1 of 3

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	Gonzalo Corzo	228 Arlington Rd N,Suite 1, 32211	Add
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Filing Fee: \$25.00