

L17 000 136 031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

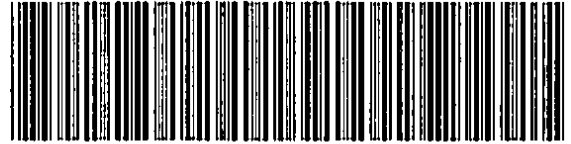
(Document Number)

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*[Handwritten Signature]*



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09/07/22--01009--002 \*\*25.00

22 SEP -7 AM 10:47  
RECEIVED  
DIVISION OF CORPORATE REGISTRATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PENCIL PRINTING AND SIGNS LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Raul Hernandez

(Contact Person)

Twelve International Corp

(Firm/Company)

7345 W Sand Lake Rd Ste 215

(Address)

Orlando, Florida 32832

(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Hernandez

321

35652-48

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECTION OF CORPORATIONS

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

PENCIL PRINTING AND SIGNS 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 09/01/2022 and assigned  
Florida document number L17000136031.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Twelve International Corporation

New Registered Office Address:

7345 W Sand Lake rd Ste 215

\_\_\_\_\_  
Enter Florida street address

Orlando

Florida

32819

\_\_\_\_\_  
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.*

\_\_\_\_\_  
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>
AMBR	Adriana M Gomez	4072 Pindo Palm Ln	<input type="checkbox"/> Add
		Orlando, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALBERTO ISRAEL MUNOZ TORAL	2153 Continental St.	<input checked="" type="checkbox"/> Add
		Saint Cloud, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2 SEP 77 AM 10:47  
DIVISION OF CONSUMER AFFAIRS  
TALLAHASSEE, FLORIDA

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

N/A

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DIVISION OF CORRECTIONS

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.

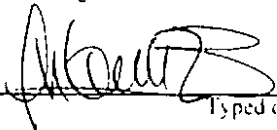
September 01

2022

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Adriana M Gomez



Typed or printed name of signer

Filing Fee: \$25.00