217000189093

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2017 NOV 17 PM 4: 58
SECRETARY OF STATE.

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· COVER LETTER

Division of Cor				
SUBJECT:	Custom 30	Printed	Solutions, 40	<u>_</u> .
	Curl 35 0: 40) 5 / Linc 11.			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Derek	Redmon		
		Name of Person		
	Custom	3D Printed.	Solutions	
	10708	Carroll Lake	Dr.	
		Address		
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		,		
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For further information c	concerning this matter, please ca	11:		
Decek	Redman		765-9676	
Name o	of Person	Area Code	Daytime Telephone Num	ber
Enclosed is a check for t	he following amount:		40	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er	& \[\sum_{\text{\$\subseteq} 0.00} \text{\$\subseteq} \] Certification (Certification)	Filing Fee. icate of Status & ied Copy mal 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

FILED
LUI / NOV 1.7
SECRETARY OF STATE ALLAHASSEE. FLORIDA

Custom 3D Printed Solutions TALLAHASSEE. FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on September 207 and assigned Florida document number L17000189093

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)

Enter new mailing address. if applicable:

(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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ____

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	Byron Covarrubias	18/31 Canal Pointe Street	g Add
		Tampa, FL 33647	Remove
			☐ Change
AMBR	Ryan Orpin	9352 Bahia Loop Land O' Lakes, FL 34639	Add
		Land O' Lakes, FL 34639	□ Remove
			Change
			ALL AREMORE
			Add Not STAN TAR
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fective date, if other than effective date is listed, the ote: If the date inserted is secument's effective date of	n this block does not	t meet the applicabl	date of filing or more than e statutory filing requir	(optional) 90 days after filing.) Pu ements, this date wil	rsuant to 605.0207 I not be listed as
record specifies a c The 90th day after t			in effective time, a	t 12:01 a.m. on	the earlier of
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	Jeeff Signature of	L Keele	ed representative of a mer	nher	

Page 3 of 3

Filing Fee: \$25.00