## 1180000 72972

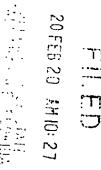
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| 78 P08 30.7.3                           |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division of Co            |  |   |  |
|---|--|---|--|
| SUBJECT:  | TOK & Resin (                                | (C  |  |
| , on the same same same same same same same sam | Name of Lim                                  | ited Liability Company  |  |
|   |  |   |  |
| The enclosed Articles of                        | f Amendment and fee(s) are sub               | mitted for filing.  |  |
| Please return all corresp                       | ondence concerning this matter               | to the following:   |  |
|   | Adhleis                                      | h Newcomb Name of Person  |  |
|   |  | Firm/Company  |  |
|   | 13314 Me                                     | OCCH De Address   |  |
|   | punta G                                      | City/State and Zip Code   | 2  |
|   |  | omb@smail.Con to be used for future annual report notif             |  |
| For further information                         | concerning this matter, please c             | all:  |  |
| Ashleigh W                                      | QUI COMb<br>of Person                        | at (941) 585<br>Area Code Daytime                                   | 7607<br>Telephone Number   |
| Enclosed is a check for t                       | the following amount:                        |   |  |
| □ \$25.00 Filing Fee                            | S30.00 Filing Fee &<br>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 Addre                                   | ss:  | Street Address:   |  |

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ink & Kesin U  | <u>.C</u>  |   |
|--|--|---|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | <u>iy as it now appears on our ro</u><br>iability Company) | eords.)   |
| The Articles of Organization for this Limited Liability Company Florida document number <u>C18000 72972</u> .  | were filed on $3/3$  | and assigned  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liabi   | · · · · · · · · · · · · · · · · · · ·                      |   |
| The new name must be distinguishable and contain the words "Limited Liabili  |  | "LLC" or the abbreviation "L.L.C."                              |
| Enter new principal offices address, if applicable:  | N/A  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 20  |
| Enter new mailing address, if applicable:  | N/A  | F = E   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | D 100 27  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | ddress on our records, <u>e</u>                            | nter the name of the new registered                             |
| Name of New Registered Agent:  | N/A  |   |
| New Registered Office Address:   | Enter Florida street a                                     | ddress  |
|  |  |   |
|  | City   | _, Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | performance of my dutie<br>rovided for in Chapter (        | s, and I am familiar with and 605. F.S. Or, if this document is |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager<br>uthorized Member | N/A                                   |                |
|--------------------|----------------------------|---------------------------------------|----------------|
| <u>Title</u>       | <u>Name</u>                | Address                               | Type of Action |
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| ctive date, if other to effective date is listed, the effective date inserted iment's effective date | in this block does not | meet the applicabl | /20 ZO<br>date of filing or more<br>te statutory filing i | than 90 days affequirements, the        | t <b>ional)</b><br>er filing.) P<br>nis date wi | ursuant t<br>11 not bi | o 605.02<br>e listed |
| ord specifies a delayed<br>filed.  |                        |                    |   | the earlier of:                         | b) The S  | 90th day               | after th             |
| d_Februo   | my 17th                | 2020               |   |   |   |                        |                      |