

L18000119365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

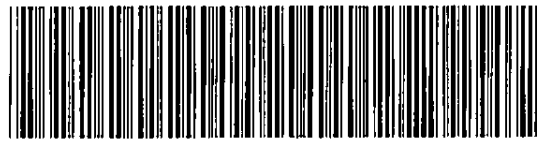
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Postcard Images, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Fernandez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5230 Land O Lakes Blvd., No. 417

\_\_\_\_\_  
Address

Land O Lakes, Florida 34639

\_\_\_\_\_  
City/State and Zip Code

FernandezAssoc.David@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

For further information concerning this matter, please call:

David Fernandez

202 258-0833  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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

Postcard Images, 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 May 14, 2018 and assigned  
Florida document number L 18000119365.

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:**

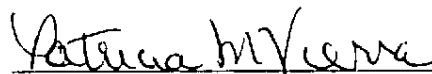
Name of New Registered Agent: Patricia M. Vierra

New Registered Office Address: 8220 Sanguinelli Road  
*Enter Florida street address*

Land O Lakes, Florida 34637  
*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>
President	Patricia M Vierra	8220 Sanguinelli Road	<input type="checkbox"/> Add
		Land O Lakes, Florida 34637	<input type="checkbox"/> Remove
		Vice President to President	<input checked="" type="checkbox"/> Change
Vice Pres	John Vierra, Sr.	8220 Sanguinelli Road	<input type="checkbox"/> Add
		Land O Lakes, Florida 34637	<input type="checkbox"/> Remove
		President to Vice President	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2013 APR 11 PM 3:58  
STATE OF FLORIDA  
SECRETARY OF STATE

[illegible]

(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)

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.

Patricia M. Verra

Patricia M. Vierra

Typed or printed name of signee

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

**Filing Fee: \$25.00**