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COVER LETTER

TO: Registration Se Division of Cor			
Crown Prin	ts LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brian Caro		
		Name of Person	<u>. </u>
	Crown Prints LLC		
		Firm/Company	
	702 Labrador Ave N		
		Address	
	Lehigh Acres, Florida 339	971	
		City/State and Zip Code	
	cprintsllc@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	alt:	
Brian Caro		239 271-4916	
Name of	l'Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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/COURTER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(rown frints LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on May 14, 2018	and assigned
Florida document number L18000119427		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	ne abbreviation "L.L,C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		BS GIS FOLLS
		<u> </u>
		7 8 7 8 8 1 8 8 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>5. 2.2.</u> 5. 5. 2.2.
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B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	-	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Toni Caro	702 Labrador Ave N	□ Add
		Lehigh Acres, Florida 33971	
			■ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
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			☐ Remove
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			Remove
			☐ Change

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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	A lar		
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed scument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. Ited Signature of a member or authorized representative of a member. Brian Caro			

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Filing Fee: \$25.00