

**L18000226431**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

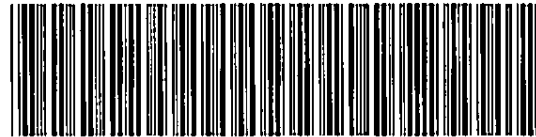
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Special Instructions to Filing Officer:

*Rec. 11/9/18*

*Need Sign.*

Office Use Only



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2018 NOV -9 AM 11:10  
2018 OCT 15 AM 9:45

10/16/18--01003--019 \*\*25.00

**M. MILLIGAN**

**NOV 26 2018**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2018

MASTER PRINTING LLC  
DAPHNE NELSON  
16920 NW 27TH AVE  
MIAMI GARDENS, FL 33056

SUBJECT: MASTER PRINTING LLC  
Ref. Number: L18000226431

We have received your document for MASTER PRINTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 618A00022255

2018 NOV -9 AM 10:55

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Master Printing, 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:**

Daphne Nelson

Name of Person

Master Printing, LLC

Firm/Company

16920 NW 27th ave

Address

Miami Gardens, FL 33056

City/State and Zip Code

masterprinting1981@gmail.com

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

**For further information concerning this matter, please call:**

Daphne Nelson                      678            9149952  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                  Area Code                  Daytime Telephone Number

Enclosed is a check for the 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/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  
2018 NOV -9 AM 11:10

Master Printing, LLC

SECRETARY OF STATE  
STATE OF FLORIDA

(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 9/24/2018 and assigned  
Florida document number L18000226431.

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 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, 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>
CEO	Daphne Nelson	16920 NW 27th ave Miami Gardens, fl 33056	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

9/24/2018

**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.

Dated October 12 2018

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Daphne Nelson

Typed or printed name of signer

2018 NOV -9 AM 11:10  
SECRET  
SECRET