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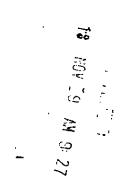
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 40R4y 5 THE LABEL 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:
WHTGES Wint Name of Person
Firm/Company
24 ALTERA OT Address
City/State and Zip Code
for further information concerning this matter, please call:
Clifford Journal at (917) 957-8602 Name of Person Area Code Daytime Telephone Number
S25.00 Filing Fee Solution Status Solution Status Solution Solutio

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

40245	THE LABEL LLC.	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liab	wility Company were filed on $\frac{102/3}{}$	and assigned
Florida document number <u>L 1800023355</u>	52	eo
This amendment is submitted to amend the follow	ving:	ē,
A. If amending name, enter the new name of the	he limited liability company here:	6
<u></u> <u>-</u> -		<u> </u>
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	or the abbreviation"L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	.4DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records ce address here: OHFORD OTAME HILL South OLANGE BUS. Enter Florida street address	Son TAIZ # 104
	Olympa Ciù.	orida 32809 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 Type of Action <u>Address</u> Name Title Mittage Volthire 24 ALTERA CT KISSINGLE FO SH758 PRodu □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add Ç., ☐ Remove ☐ Change

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Effective date, if other than the date of filing:	_ (optional) ays after filing.) Pursuant to 605.0207 ints, this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	2:01 a.m. on the earlier of
Dated NOV 5th 2018	
Signature of a member or authorized representative of a member	
Clifford Voltaint Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00