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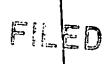
TO: Registration S Division of Co			
SUBJECT: Prints M	lade Perfect, LLC		1
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Maria Elena Arguelle	Name of Person	
		Name of Person	
	<u> </u>	Firm/Company	
		· ma company	
	PO Box 854		
		Address	
	Lake Placid FL 33862		
		City/State and Zip Code	
	admin@printsmadeperfee	ct.com to be used for future annual report notifi	
		·	cacion)
For further information	concerning this matter, please co	ali:	
Maria Elena Argue	elles	at (786) 4930487	
Name	of Person	Area Code Daytime	Telephone Number
Englosed is a check for t	the following amount:		
S25.00 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



2019 JAN 25 PM 4: 46

ility Company here: ity Company," the designation "LLC" or	TALLA ASSEE, FL. and assigned the abbreviation "L.L.C."
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ity Company," the designation "LLC" or	the abbreviation "L.L.C."
	
DO Boy 954	
Lake Placid, FL 33002	<u>-</u>
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City	Zip Code
ee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S. address, I hereby confirm that th	am familiar with and Or, if this document is
	Enter Florida street address City Pe to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S.

If Changing Registered Agent, Signature of New Registered Agent

MGR = MAMBR = A	lanager uthorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
AMBR	Mardanari Holdings, LLC	201 E 5th St, Suite 683	■ Add
		Sheridan, WY 82801	Remove
			Change
			Add
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n effectiv te: If t	e date, if other than the date of filing:	nt to 605,02 0 t be listed a
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.	e earlier o
ed Ja	anuary 22 2019	
(Signature of a member or authorized representative of a member	
	Maria Elena Arguelles	
	Typed or printed name of signee	

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Filing Fee: \$25.00