Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To;

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 : (813)273-4229 Fax Number : (813)273-4396

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LABEL SWAP SOUTH TAMPA, LLC

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OCT 0 1 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Label Swap South Tampa, LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our recordenited Liability Company)	<u>.</u> .)
The Articles of Organization for this Limited Liability Com	pany were filed on 2/22/2019	and assigned
Florida document number L19000053200		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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:		
Principul office address MUST BE A STREET ADDRES	<u></u>	
		S10?
Enter new mailing address, if applicable:		. 8
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the mame of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	T
		orida
	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 Now 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>	Name	<u>Address</u>	Type of Action
MGR	Christopher L. Pearson	5017 Tampa West Blvd.	
•		Tampa, Florida 33634	
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			Change
	Label Swap Holdings LLC	5017 Tampa West Blvd.	
MGR			■ Add
		Tampa, Florida 33634	
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jocume	ent's effective date	on the Department o	I State's record	i š.			
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The	90th day after	the record is file	d.				
	September 27		2019				
Dated _		11/1	"	<i>'</i>			
		Nignature of	a member or au	thorized representative	e of a member		
		Signature of		•			

Page 3 of 3

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