

9/1/22, 8 50 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000028631

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.

(((H22000302356 3)))



H220003023563ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS
Account Number : 120130000083
Phone : (305)359-3700
Fax Number : (786)217-1243

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
LIFTPLUS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP - 6 2022

SEP - 6 2022

COVER LETTER

TO: Registration Section
Division of Corporations

(H220003023563)

SUBJECT: LIFTPLUS 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:

SONIA BOTERO

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

1395 BRICKELL AVE STE 800

Address

MIAMI, FL 33131

City/State and Zip Code

MASTER@JPGBUSINESS.COM

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

FILED
2022 SEP -2 AM 11:01
TALLAHASSEE, FL 32303
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

SONIA BOTERO

305

359-3700

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H220023025563)

LIFTPLUS LLC

(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 1/22/2020 and assigned
Florida document number L20000028631.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

XEROGRAPHIC USA SUPPLIES LLC

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)

10775 NW 21st, Suite 120
MIAMI FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10775 NW 21st, Suite 120
MIAMI FL 33172

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

City, Florida 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

2022 SEP - 2 AM 11:01
RECEIVED
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

FILED

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(4220003023563)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MISTAGE, ANDRES	11801 NW 100TH RD #1	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARAUJO, GERARDO	11801 NW 100TH RD #1	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 SEP -2 AM 11:01

FILED

