## L20000080145

(Requestor's Name)
(Address)
(Address)
(Cir (Cur 7) (D) 19
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100381724241

02/14/22--01018--016 \*\*25.00

2022 FEB 14 AH 6: 35

A. BUTLER FEB 2 5 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
	RAVE LLC		3
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANDRA LONDONO		
		Name of Person	
	MONEY TRUST INCOM	ETAXES	
		Firm/Company	
	12211 SW 132ND CT		st notification)    S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)   S83:
		Address	****
	MIAMI, F1. 33186		
		City/State and Zip Code	<del></del>
	SANDRA@MONEYTRUS		
		to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
SANDRA LONDONO		305 2512121 at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	action
Registration Division of C		Registration S Division of Co	
P.O. Box 633	•		
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TO THE GRAVE LLC

2022 FEB 14 AM 6: 35

K)	Florida Limited Liability Company) SEC:	RETARY OF STATE LLAHASSEE, FL
The Articles of Organization for this Limited Liab	ility Company were filed on 03/12/2020	and assigned
Florida document number L20000080145	<del>.</del> .	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
JUST FOR PRINT LLC		
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: N/A	
(Principal office address MUST BE A STREET).	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A DX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>c</u>	enter the name of the new register
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street o	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	Membe

<u>Title</u>	Name	<u>Address</u>	Type of Action
<del></del> -		<del></del>	LAdd
			□Remove
		<del>-</del>	
	<del></del>		ElAdd
			DRemove
			🗆 Change
			□Add
			□Remove
			□Change
			ClAdd
			□Remove
			□ Change
			□Add
			Пспиос
			O Change
			Oadd
			DRemove

					_		,.		<del></del>
	•		-		_				
				·-					
		<del></del> -	<del>_</del> _		-	<del></del> :	••		
					<del></del>			<del></del> -	<del></del>
					<u></u>				
							A-41-4-		<del></del>
									<del></del>
•			-				•	. <u> </u>	
		<del></del> .					<del></del>	<del></del>	
	<b>2</b> 12 21								
		_		<del></del>	1.12				<del></del>
					· · · · · · · · · · · · · · · · · · ·				
									<del></del>
fective (	date, if other	than the date the date must be sp	of filing:	annot be prior	to date of fili	ne or more t	op) han 90 days af	tional) er filing a Purs	rant to 605.020
<u>ste:</u> If tl	he date inserted	d in this block de	oes not me	et the applic	able statuto	ry filing red	quirements, t	his date will r	not be listed a
cument	s effective dat	e on the Departr	nent of Sta	ite s records.	•				
ecord sn	vecifies a delay	ed effective date	· hut not a	n effective ti	ime at 12:0	Lam on th	re earlier of	thi The 90d	a day after the
is filed.		ca cricciive date	, our man					(0)	· my micr mic
	Indo	5		7-2	7				
ited	Feb.		<del></del> ,	2027	<u>-</u> .				
			)						
				-					
		Signa	ture of a me	ember or auth	orized repres	entative of a	member		<del></del>

. . . . . .

Filing Fee: \$25.00