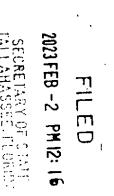
# L20000143145

<del></del>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer. See Cotheched Letter
<u></u>	



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Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2022

GRAPHIC DETAILS OF CENTRAL FLORIDA, LLC 503 N COURTENAY PKWY MERRITT ISLAND, FL 32953 US

SUBJECT: GRAPHIC DETAILS OF CENTRAL FLORIDA, LLC

Ref. Number: L20000143165

This is to advise you that on November 21, 2022, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6942.

Sincerely,

Becky McKnight Operations & Management Consultant Mgr Director's Office

Letter Number: 722A00026002

2023 FEB - 2 PM 12: 17

www.sunbiz.org

### **COVER LETTER**

TO: Registration Solution of Co.						
	etails of Central Florida, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Abraham M. Zaretsky, Esc	<b>1</b> .		3E	2023	
		Name of Person		CRETAR	1023 FEB -2 PM 12: 16	-
		Firm/Company	<del></del>	1.03 1.03 1.03 1.03 1.03 1.03 1.03 1.03	2 PM	] ] [
	1615 Forum Place, Suite 3	Α			<u>~</u>	•
		Address	ı,	Ę.	9	
	West Palm Beach, Fl. 334	01				
	mz@zaretskylaw.com	City/State and Zip Code				
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	lication)			
Abraham M. Zaretsky, I	isq.	561 689-6660				
Name (	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filit Certificate Certified C (udditional co	of Status Copy		
Mailing Address Registration Division of C	Section	Street Address: Registration Se Division of Cor				
P.O. Box 632 Tallahassee,	27	The Centre of T		0		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Graphic Details of Central Florida,		
(Name of the Limit	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	rccords.)
The Articles of Organization for this Limited Li		and assigned
Florida document number L20000143165		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Graphic Details, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	202
		1-15 W
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	BOX)	
		S 5:
		្នែក 🚡
B. If amending the registered agent and/or re	egistered office address on our records,	enter the name of the new registered
agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
Townself the state of the state	Enter Florida street	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Rетоvе
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

Effec	tive date, if other than the date of filing:
Note	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Law Combo
	Ver Cita
	Signature of a member or authorized representative of a member
	Kevih Sanders

Filing Fee: \$25.00