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COVER LETTER

TO:	Registration See Division of Corp			
SUBJI	CT:		2. Grothics LLC ited Liability Company	
The en	elosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Ariel	E Scott - McMoxid	5
			Firm/Company	LC
		1000 Pinethurs	Address	
		Panama City	Beach HL, 3040) City/State and Zip Code	-
		Carcaterara E-mail address: (1	phics LC Cognail. (o	ication)
For fur	ther information co	neerning this matter, please ea	all:	
	Ariel ES	XOH-MCMOUS	at (<u>954</u>) <u>305 - Carea Code</u> Daytime	F 552 Telephone Number
Enclose	ed is a check for the	following amount:		
125) S	100 Filing Fee 50.00	S30.00 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 Se		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Limited Liab (A Flor	Graphics LLC mility Company as it now appears on our records.) inda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L200001677</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "ELC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	FR
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	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 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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Panama City Beach FL 3040	<u> </u> √2Remove
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Dated	09-19	7-202	<u> </u>	<u>-</u>	·			
			Mar. N					
			Signature of a m	J ember o	r authorized r	enrese	ntative of a member	
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