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## **COVER LETTER**

 $(\mathbf{r}^{(1)}, \dots, \mathbf{r}^{(k)}) \in \mathbb{R}^{k \times k}$ 

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	DG INK. LL	_(	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CRAIG (	DUARNERI Name of Person	
		Firm/Company	
	21658 BRI	XHAM RUN LO	oP
	FSTERO, F	<u> </u>	· 
		NERI OUTLOOK to be used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	,3,
CRAIG GUA Name o	Person	at (239)785= Area CodeDaytime	- 6389 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.(X) 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lis	<u>ability Company as it now appears o</u> orida Limited Liability Company)	n our records.)
(Å Flo	orida Limited Liability Company)	,
The Articles of Organization for this Limited Liability Florida document number <u>L200002037</u>		1LY 14, 2020 and assigned
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the	limited liability company here	:
Picture Print, LL( The new name must be distinguishable and contain the words		
The new name must be distinguishable and contain the words."	Limited Liability Company," the designment	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		<b>&amp;</b> *
B. If amending the registered agent and/or regist agent and/or the new registered office address here.		ords, enter the name of the new register
agent and/or the new registered office address ne	<u> </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>	Address	Type of Action
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an effective date is <b>vote:</b> If the date		pecific and cannot be loes not meet the ap	prior to date of filing o	r more than 90 days at	otional) ler filing.) Pursuant to 605.02 this date will not be listed a
record specifies and is filed.	a delayed effective date	e, but not an effecti	ive time, at 12:01 a.i	m, on the earlier of:	(b) The 90th day after th
ated <u>Tur</u>	¥ 26	20	<del>20</del> .		
	Sign	ature of a member or	authorized represental	tive of a member	
	CRAIG L		<i>)</i>		