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Certified Copies	_ Certificates	of Status
		
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. COVER LETTER

Registration Section Division of Corporations

South Flori- ECT:	da Printing Solutions, LLC	· •	; a '
JOT	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
ise return all correspo	endence concerning this matter t	to the following:	
	Richard P Nettina		
		Name of Person	
	South Florida Printing Solu	itions, LLC	
		Firm/Company	
	2221 N 57th Ter		
		Address	
	Hollywood, FL 33021		
	 	City/State and Zip Code	
	rnettina@gmail.com	o be used for future annual report notif	Treation
For further information c	concerning this matter, please ca		(Carrott)
Richard Nettina		954 993-4964	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

TO ARTICLES OF AMENDMENT S TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companional document number	L 2080271893	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Little River Press, LLC		
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		500
		J _A
		a #**
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Huming waviess MAT DE ATOST OFFICE DOA	-	
		-
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, <u>enter the i</u>	name of the new regist
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:

South Florida Printing Solutions, LLC

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

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

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: January 31		
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Dated	ocui recc	
Signature of a member of anthorized representative of a member	locui recc	
	reco	January 6th 2020
Richard Paul Nettina III	reco	January 6th