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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Fi	iling Officer:	





05/17/21--01021--002 **25.00



COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
FULL QU	JALITY PRINTING LLC	3	•
SUBJECT:		_	
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MAURICIO SILVA		
	THE CHAPTY DUDGE	Name of Person	
	FULL QUALITY PRINT	ING LLC	
	FOLCE CELL CE	Firm/Company	
	521 SE 6TH ST		
	HIALEAH, FL. 33010	Address	
	INKTSHIRT.COM@GMA	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
MAURICIO SILVA		786 9737376	
Name o	of Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration by Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULL QUALITY PRINTING LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5900 NW 99 Avenue.	
Principal office address MUST BE A STREET ADDRESS)	Suite #5	
	Doral, Florida. 33178	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	address on our records, enter the name of the new regi	
Name of New Registered Agent:		
New Registered Office Address:		
Men registered office radices.	Enter Florida street address	
	, Florida	

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> MGR	<u>Name</u> CARLOS LUIS INFANTE	Address 1100 BRICKELL BAY	Type of Action
			B Add
	UNIT 711.		
		MIAMI, FL. 33131	
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