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COVER LETTER

TO:

	Registration Sec Division of Corp			
eup ira		M PRINTS LLC		ì
SUBJEC	.1:	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		WILFRIDO JOEL CEDEN	SO	
			Name of Person	
			Firm/Company	
483 SYCAMORE SPRINGS ST				
			Address	
		DEBARY FL 32713		
			City/State and Zip Code	
		CJCUSTOMPRINTS@GM E-mail address: (AHL.COM to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca	all:	
WILFRIDO JOEL CEDENO		646 659-0068		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJ CUSTOM PRINTS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on FLORIDA	and assigned
Florida document number L21000149244		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC	
Enter new principal offices address, if applicable:	,-,-	2021
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		c \
Mailing address MAY BE A POST OFFICE BOX)		: 00 RRID
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		lorida
	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
MNG	WILFRIDO JOEL CEDENO	483 SYCAMORE SPRINGS ST	= Add
		DEBARY FL 32713	□Remove
			□ Change
			□Add
			□Remove
			□ Change
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			□Remove

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Effective date, if other than the data from the date is listed, the date must be	ite of filing:	/14/2021	ate of tiling or		_ (optiona		t to 605.02
Note: If the date inserted in this block document's effective date on the Depa	t does not meet t	he applicable	statutory fill	ing requireme	ents, this da	te will not	be listed
•							
e record specifies a delayed effective d rd is filed.	ate, but not an ef	fective time.	at 12:01 a.m	. on the earlie	er of: (b)	The 90th d	ay after th
a is med.							
Dated APRIL 14,	20	21					
		1 //	1		_		
W. J.	W	\ / _	, ~		-		
	gnature of a memb	er or autourly	ed representation	ve of a member	<u> </u>		

Filing Fee: \$25.00