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COVER LETTER

Division of Con	rporations		
subject: 2Pri	ntShop.LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mayte R Mattei		
		Name of Person	
	2PrintShop.LLC		
	333 SE 2 Ave Floo	Firm/Company or 20 Suite 328	
	Miami Fl 33131	Address	
			
	mayte2printshop@	City/State and Zip Code gmail.com	
-	E-mail.address: (to he used for future annual report notif	ication).
For further information of	concerning this matter, please ca	all:	
Mayte	R Mattei	at (305) 609-9354	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2PrintShop.LLC			
(<u>Name of the Limited Lia</u> l (A Flor	offity Company as it now appeared Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000227030</u> .	y Company were filed on	05/17/2021	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company h	ere:	2921 His
The new name must be distinguishable and contain the words "L	limited Liability Company," the	designation "LLC" or the	e abbreviation L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			2) <u>5</u>
Enter new mailing address, if applicable:			
(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		ecords, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	·		
New Registered Office Address:		 _	
	Enter Flo	rida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Mayte R Mattei	2135 SW 6 St Apt 4	X Add
		Miami FL 33135	□Remove
			(]Change
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			Remove
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fective date is listed, the date must be : If the date inserted in this block i	pecific and cannot be prio loes not meet the appli	r to date of filing of cable statutory i	or more than 90 days : iling requirements.	after filing) Pursua , this date will no	ant to 605.0 of be listed
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rd specifies a delayed effective dat iled.	e, but not an effective	iime, at 12:01 a.	m. on the earlier of	f (b) The 90th	day after
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07/13	2021		٠ ،		
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Filing Fee: \$25.00