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(Requ	uestor's Name)	
(Addi	ress)	·
(Addi	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	 iling Officer:	_
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Office Use Only



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COVER LETTER

SUBJECT: Pr	ints & Press Couture LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Ar	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Gabriela L. Vivanco	
	Gabriela L VIVanco	
	Prints & Press Couture LLC.	
	Firm/Company	
	10000 NW 17 Pl.	
	Address	
	Opa LOCKA FL. 33054 City/State and Zip Code	
	City/State and Zip Code PRINTS OND PRESS COUTURE @ GMAIL. LG E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Gabriela V	Person at (186) 314 9056 Area Code Daytime Telephone N	0
Name of P	Person Area Code Daytime Telephone N	lumber
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed) Certified Copy	0.00 Filing Fec, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address:	: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FILED

Printa & Press	Couture.	_ L C . 2021 AUG 25	5 PM 4: 06
Printa & Press (Name of the Limited)	Liability Company as it i Florida Limited Liability	now appears on our records Company) TALLAHASS	STOP STATE
The Articles of Organization for this Limited Liab	ility Company were fi	(A L 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability co	npany here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 DX)		
B. If amending the registered agent and/or reg agent and/or the new registered office address l		on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	Cit		orida
	CII,	•	-

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 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 i 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AR</u>	Gabriela L Vivanco	16000 NW 17 PI	□Add
		opa Locka, FL - 33054	Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	tive date, if other than the date of filing: 6 15 2021 (optional)
(If an o	effective date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	a August 16th 2021.
	August 16th 2021 Cabrula Vwalled Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Gabriela L. Vivanco Typed or printed name of signee
	Typed or printed name of signee

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