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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: PYIN	r 6 Oudling	. 1.LC	
SUBJECT:	Name of Linki	ed Liabitity Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Diano		
	Print	Name of Person  S QUILLING LLC	
	Print & Quality LUC Name of Linded Liability Company  cles of Amendment and fee(s) are submitted for filing.  DIANA GUALDY BY Name of Person  Print & Quality LUC Firm-Company S  LUSTY NOVINDALL () CUCL DR  Address  Tampa Fl 334624  City/State and Zip Code  Dianay A A hot man concerning this matter, please call:  Gualdy On  at (404) 132-3553  Name of Person  Name of Person  Reac Code  Daytime Tetephone Number		
	14578 N	Ovthdall Ock.  Address	SOR.
	Tam	Pa, Fl 3342+ City/State and Zip Code	
	_		(CM)
For further information con	cerning this matter, please ca	11:	
Diana Gu Name of P	·		3553 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Address:</u> Registration Se	ction	Street Address: Registration Sec	ction
Division of Cor		Division of Corp	porations
P.O. Box 6327		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2021 SEP -3 AM 5: 05

Print	6 Quality UC SECRETARY OF STATE
(Name of the Limited (A	Liability Company as it now appears on our records. ALLAHASSEL, FLORE Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 08127121 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>D.Y.)</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address b	istered office address on our records, <u>enter the name of the new registere</u> here:
Name of New Registered Agent:	julio Primera
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Reg	•

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
Mbr	Julio Primera	16578 Northdale Dak. Tampa, FL 33624	S K TAdd
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	arad affastira data b	ut not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ecord specifies a del is filed.	ayed effective date. bi				
•	30/21	, <u> </u>	<u> </u>		
is filed.	30/21	or a member or sur	orized representative of	a member	