## L21000403714

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

TO:

Registration Section

Division of C	Corporations		
SUBJECT:		Printpals	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lin	nited Liability Company	•
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		Mark Quetgles	
		Name of Person	
		Printpals	
		Firm/Company	
		1003 NE 118th St.	
		Address	
		Biscayne Park Fl. 33161	·
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report	notification)
For further information	n concerning this matter, please c	all:	
Mark Que	rtgles	at ()	490-1505
Nam	e of Person	Area Code Da	ytime Telephone Number
Enclosed is a check fo	r the following amount:		
S25.00 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)
<u>Mailing Addi</u> Registration		Street Addres Registration	
	Corporations	<del>-</del>	Corporations
P.O. Box 6	327 c. FL 32314		of Tallahassee nroe Street, Suite 810
rananassee	111122314	2410 IV. IVIO	moe succe, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rintpals		
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL21000403714		0014070004	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	e <u>re</u> :	
RCM Printing LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
•	<del> </del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered	office address on our re	ecords, <u>enter the nam</u>	e of the new registe
agent and/or the new registered office address here:			
			, <del></del> .
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
		ida street address	. '
		Florida	
			***
New Registered Agent's Signature, if changing Registered			Zip Code-

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. Thereby 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
			□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
	<del></del>		🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

`amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
an effective ' <mark>ote:</mark> If the	ate, if other than the date of filing:	
record spe Lis filed.	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	10/07/2021	
_	Signature of a member or authorized representative of a member	
	Mark Quetgles	
-	Typed or printed name of signee	

. . .

Filing Fee: \$25.00