# L22000335995

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
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(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
	J. HORNE NOV - 1 2022

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DATE:

10/31/22

**NAME**: PRINTLINE LATAM LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

	Registration So Division of Co						
SUBJEC		PRINTLINE LATAM LLC					
SOBJEC		Name	of Limited Liabilit	y Compan	у		
The enclo	osed Articles of	Amendment and fee(s) a	are submitted for	tiling.			
Please ret	turn all correspo	ondence concerning this i	matter to the follo	owing:			
		GONZALO BAEZA	<b>\</b>				
		<del></del>	Nam	e of Perso	n		
			·				
		9100 CONROY WI		νCompany	y		
		<del></del>	A	Address			
		WINDERMERE, FI	L 34786				
		GBAEZA@INVERS		e and Zip ( CL	Code		
		E-mail add	dress: (to be used fo	or future a	nnual report notification)		
For furthe	er information c	concerning this matter, pl	case call:				
GONZAI	LO BAEZA		at (	352	988-3972		
	Name o	of Person		Area Code	Daytime Telephone Number		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### DocuSign Envelope ID: CCF16161-DF08-4968-A45B-AFE171673FE3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



PRINTLINE LATAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con- Florida document number 1.22000335995		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
William address MAT BE A TOST OF THE BOX		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street addre.	
	, FI	oridaZip Code

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: CCF16161-DF08-4968-A45B-AFE171673FE3
ri amenuing Authorized rerson(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>	<u>Address</u>	Type of Action
AP	BAEZA, GONZALO	9100 CONROY WINDERMERE RD, 200	<b>B</b> Add
		WINDERMERE, FL 34786	Made
			☐ Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	be specific and cannot be priced does not meet the appli	or to date of filing or more that cable statutory filing requi	(optional) 190 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
the record specifies a delayed  The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the earlier o
OCTOBER 21	2022		
	Signed by:		
[ · · · · · · · · · · · · · · · · · · ·		horized representative of a mo	

Typed or printed name of signee

#### **COVER LETTER**

SUBJECT:	PRINTLINE LATAM LLC				
		Name of Limited Liability Company			
The enclose	d Articles of Amendment and	fee(s) are submitted for filing.			
Please return	i all correspondence concernir	ng this matter to the following:			
	GONZALO I	BAEZA			
	Name of Person				
		Firm/Company			
	9100 CONR	DY WINDERMERE DR			
Address					
	WINDERME	ERE, FL 34786			
	GBAEZA@IN	City/State and Zip Cod	e		
	Е-	-mail address: (to be used for future annua	al report notification)		
For further i	nformation concerning this ma	atter, please call:			
GONZALO	BAEZA	352 9 at ( )	88-3972		

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301