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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VIDAL FINANCIAL, INC.

Account Number : 120190000097 Phone : (305)631-0331

Fax Number : (305)854-3131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NICOCASCO

22 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI STITCH & PRINT COMPANY LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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HIPEMIENX MAY 2 5 2023

Tallahassee, FL 32314

TO:

COVER LETTER

TO: Registration S Division of Co		
MIAMI'S' SUBJECT:	TITCH & PRINT COMPANY	LLC
3083201:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	NICOLAS VIDAL	
		Name of Person
		Firm/Company
	2000 S DIXIE HIGHWAY	Y #205
		Address
	MIAMI, FLORIDA.33133	3
	N icolas@ vidail.com	City/State and Zip Code NICOCAS (VIDAL LTD
	•	to be used for future annual report notification)
For further information of	oncerning this matter, please c	all:
NICOLAS VIDAL		305 631-0331 at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:
Division of C		Registration Section Division of Corporations
P.O. Box 632		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ds.)
and assigned
C" or the abbreviation "L.L.C."
the name of the new register
r the name of the new register
the name of the new register
the name of the new register
the name of the new register
u 2/29
2277 7277 74

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
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"BAYSIDE STITCH C	OMPANY, LLC"	•		
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ve date, if other than	the date of filing: _			(optional) ys after filing.) Pursuant to 6
it the date inserted in th	is block does not meet	the applicable stall	filing or more than 90 da story filing requiremen	ws after filing.) Pursuant to 6 nts, this date will not be li
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l specifies a delayed effi ed.	ective date, but not an	effective time, at 12	::01 a.m. on the earlie	r of: (b) The 90th day af
May 24	. 1	2013		
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Filing Fee: \$25.00