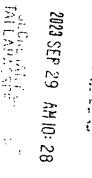
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COVER LETTER

	Registration Se Division of Cor		•	ů
	Alpine Prin	n LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Hudson Levy		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Alpine Print LLC		
			Firm/Company	
		163 Progress Circle Unit A	A	
			Address	·
		Venice, FL 34285		
			City/State and Zip Code	
		hudson@tags-4-less.com		
			to be used for future annual report no	Otification)
For further	er information c	oncerning this matter, please c	all:	
Hudson l	Levy		614 288-9555 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, I	FL 3231 4	2410 IN. MIORI	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpine Print LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our recording the Liability Company)	rds.)
the Articles of Organization for this Limited I. lorida document number	.iability Company	were filed on 11/28/2022	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	oility company here:	
ags 4 Less LLC			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		77. 20
Principal office address MUST BE A STRE	ET ADDRESS)		023 SE
			FP 29
nter new mailing address, if applicable:		1532 US 41 Bypass S	<u> </u>
Aailing address MAY BE A POST OFFICE	BOX)	PMB 136	ē t
	<u>-</u> _	Venice, FL 34293	28
If amending the registered agent and/or tent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, <u>ente</u>	r the name of the new register
New Registered Office Address:	1532 US 41 By	vpass S PMB 136	
		Enter Florida street addr	ess
	Venice	, F	Florida <u>34293</u>
		City	Zip Code

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 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
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Add
			□Remove
			Change
			□Remove
			□ Change

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fective date, if other than the c	date of filing:		(optional)	
an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department.	be specific and cannot be prior to ck does not meet the applicab	date of filing or more than	90 days after filing.) Pu	rsuant to 605.020 I not be listed a
e record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time, a	at 12:01 a.m. on	the earlier o
August 30	. 2023			
ı	Just hy			
	Sonature of a member or authori	ized representative of a me	mber	