L23000050758

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CUDIE	Alpha3dpri						
SUBJEC	##		ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.				
		ondence concerning this matter	•				
		Christian					
			Name of Person				
		Alpha3dprintingco					
			Firm/Company				
	BLOSSOM TRAIL						
			Address				
		ORLANDO, FL 32810					
		City/State and Zip Code					
		nail.com to be used for future annual report notification)					
For furth	ner information c	concerning this matter, please co					
christian	ortiz		919 4498488				
	Name o	f Person	at ()				
Enclosed	l is a check for th	ne following amount:					
≡ \$2 5.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certificate o Certified Copy (additional copy	f Status & py			
	Mailing Addres		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
	P.O. Box 632	•	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG -3 PM 12: 18 Alpha3dprintingco 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 Company were filed on 01/27/2023 Florida document number L23000050758 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 859 jarnac dr kissimmee fl 34759 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 859 jarnac dr kissimmee fl 34759 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ City

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christian Ortiz	859 jarnac dr kissimmee fl 34759	□Add
			□Remove
			■ Change
			□Add
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record specifies a delayed effective date, but not an effective tir	me, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
is filed.		
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Signature of a member or autho	orized representative of a member	