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## **COVER LETTER**

	Registration Se Division of Cor					
ann mer		O PRINT & SINGS LLC				
SUBJEC'	l:	Name of Lim	tited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	unitted for filing.			
		ndence concerning this matter				
		AL	BIN ORTIZ ALVAREZ			
			Name of Person			
			Firm/Company			
		9678	FONTAINEBLEAU BLVI	D 310		
			Address			
			MIAMI, FL 33172			
		albine	City/State and Zip Code ortizalvarez@gmail.com			
			to be used for future annual re	eport notification)		
For furthe	r information co	oncerning this matter, please c	all:			
ALBIN C	RTIZ ALVAR	EZ		-1243		
	Name of	f Person	at () Area Code	Daytime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
<b>≡</b> \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	<u>Tailing Address</u> Registration S		Street Add	<u>Iress:</u> ion Section		
U	Division of Co	orporations	Division	of Corporations		
D	O Roy 632	7	The Cent	re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PRINT & SINGS LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/27/2023	and assigned
Florida document number L23000209757	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
D'STUDIO PRIN'T & SIGNS LLC		
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDI		<del></del>
rancipul office unuress myst be A Street Abbi		, N
		===
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>ယ</u> ယ
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	ida
	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 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	Address	Type of Action
AMBR	ADRIAN MACHADO RUIZ	17120 NW 82ND AVE	<b>=</b> Add
		HIALEAH, FL 33015	□Remove
			Change
			□Add
		<u> </u>	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			Change
			□Add
			Remove
			□Change

ffective date, if other than the date of filing:		
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