# L23000372076

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(Document Number)
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DIVISION OF CONVORATIONS 2023 OCT 1.7 PH 12: 40



# **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

wallprintexperts.com LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tierra W Name of Person Zenbusiness Firm/Company 5511 parkcrest drive ste 103 2023 OCT 17 PH 12: 40 Address austin, tx 78731 City/State and Zip Code fulfillment@zenhusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: tierra w 844 4936249 at ( Name of Person Davtime Telephone Number Area Code

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ŝ

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wallprintexperts.com 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	08/08/2023 and assigned
Florida document number 1.23000372076	-

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

Wall Print Experts LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)		123 Y 15
		OCT CAL
Enter new mailing address, if applicable:		PH 295
(Mailing address MAY BE A POST OFFICE BOX)		
	_	+0

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
	· · · · · · · · · · · · · · · · · · ·	Florida
	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 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. Thereby 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 ad or removed from our records:

# MGR = Manager

AMBR = Authorized Men	iber
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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 20 2023

/s/ Eric Klein

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Eric Klein