

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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01/12/24--01016--013 **60.00

COVER LETTER

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|-----------------|------------------------------------|--|--|--|
| SUBJEC | | JET PRINTS LLC | | |
| SOBJEC | - · · | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Sergio Luis Valdes | | |
| | | | Name of Person | |
| | | Custm Jet Prints | | |
| | | | Firm/Company | |
| | | 973 E 23 St | | |
| | | | Address | |
| | | Hialeah Florida 33013 | | |
| | | | City/State and Zip Code | ······································ |
| | | cjetprin@gmail.comt | to be used for future annual | ropart actification) |
| For furth | ner information c | oncerning this matter, please c | | report notification; |
| Sergio I. | uis Valdes | | | 6 771 2111 |
| | Name o | f Person | Area Code | Daytime Telephone Number |
| Enclosed | f is a check for ti | he following amount: | | |
| □ \$ 25. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is end | Certificate of Status & |
| | Mailing Address Registration S | | Street A | ddress: ation Section |
| | Division of C | | _ | n of Corporations |
| | DO D CO | | T1 C | To Unknown |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COSTOM JET PRINTS LLC | | | |
|---|--|----------------------------|----------------------|
| (Name of the Limited Liab) (A Flori | ility Company as it now appe da Limited Liability Company |) | |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | 10/23/2023 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company | <u>here</u> : | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company." the | designation "LLC" or the a | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | *************************************** | | |
| Principal office address MUST BE A STREET ADD | ORESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| If amending the registered agent and/or register igent and/or the new registered office address here. | | records, enter the nan | ie of the new regis |
| cent and of the new regionered office wadress ner | • | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter F | orida street address | |
| | | , Florida | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

CHETOM HET DRINTE LLC

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 |
|--------------|--------------------|----------------------------|----------------|
| MGR | Sergio Luis Valdes | 2365 NW 9Th St Miami 33125 | |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | #J8*** | Change |
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| feetive date, if other than the date of filing: | | | | | *** | |
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| n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020° tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. cecord 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 is filed. ted January 03 2024 | | | | | | |
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Filing Fee: \$25.00