124000010386

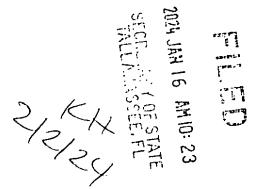
| (Re | questor's Name) | |
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| (City | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to f | Filing Officer: | |
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Office Use Only



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COVER LETTER

| то: | | istration Sec ision of Corp | | |
|-----------------|------------|--------------------------------|--|--|
| OLIN III | aw. | Applied Pres | ssure Ink LLC | •• |
| SUBJEC | UI; | | Name of Lim | ited Liability Company |
| The onel | locad | Articlas of 2 | Amendment and fee(s) are sub | mitted for filing |
| | | | | · |
| ricase re | eturn | an correspor | ndence concerning this matter | to the following: |
| | | | Jose A Rodriguez Jr. | |
| | | | | Name of Person |
| | | | Applied Pressure Ink LLC | |
| | | | | Firm/Company |
| | | | 5048 Torchwood Dr | |
| | | | • | Address |
| | | | Minneola FL 34715 | |
| | | | - | City/State and Zip Code |
| | | | jrodriguez@appliedpressure | |
| 12 C .1 | | | | to be used for future annual report notification) |
| hor furth | ner in | itormation co | meerning this matter, please ca | all: |
| Jose A F | ₹odri | guez Jr. | | 407 4077040996 at () |
| | | Name of | Person | at () Area Code Daytime Telephone Number |
| Enclosed | d is a | check for the | e following amount: | HASY 16 |
| ≅ \$ 25. | .00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy is enclosed) Certified Copy Certified Copy Scandiditional copy is enclosed) |
| | <u>Mai</u> | ling Address | <u>:</u> | Street Address: |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| (Name of the Limited Link | ility Company as it now appears on our records.) |
|---|--|
| (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number L24000010386 | Company were filed on 01/03/2024 and assigne |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office <u>address MUST BE A STREET ADD</u> | DRESS) |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our records, enter the name of the new res |
| Name of New Registered Agent: | 57 6 57 6 |
| New Registered Office Address: | Enter Florida street address |
| | Enter Florida street address , Florida |
| | , 1 10/1 0 4 |

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 |
|--------------|----------------------|-------------------------------------|----------------|
| AMBR | Jose A Rodriguez Jr. | 5048 Torchwood Dr Minneola FL 34715 | ≣ ∧dd |
| | | | □Remove |
| | | | Change |
| | | | 🗀 Ađd |
| | | | □Remove |
| | | | □Change |
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| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | usiness, and I wish to add myself as the owner (AMBR). This is not a removal but |
|-------------|--|
| ra | ther an addition to the management structure. |
| N | Made an error by listing my wife as the manager (MGR) and forgot to list myself as the owner (AMBR). |
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| _ | \$E.G. \$F.G. |
| _ | LAN TO |
| | in the second se |
| effe | ve date, if other than the date of filing: |
| <u>::</u> l | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be is ent's effective date on the Department of State's records. |
| | |
| ord filo | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted. |
| | 1/12/2024 |
| d _ | |
| | Signature of a tumber or authorized representative of a member |

Filing Fee: \$25.00