

L24000010386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

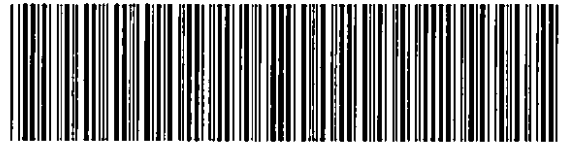
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL
KH
2/2/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Applied Pressure Ink LLC

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:

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@appliedpressureink.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose A Rodriguez Jr.

407

4077040996

at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

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TALLAHASSEE, FL
Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jose A Rodriguez Jr.	5048 Torchwood Dr Minneola FL 34715	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I would like to clarify that my wife can continue to serve as a manager (MGR) of the

business, and I wish to add myself as the owner (AMBR). This is not a removal but

rather an addition to the management structure.

Made an error by listing my wife as the manager (MGR) and forgot to list myself as the owner (AMBR).

E. Effective date, if other than the date of filing: _____ (optional)

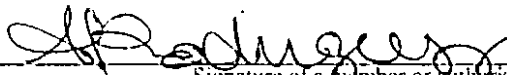
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pay to: 5.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records.

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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 1/12/2024


Signature of a member or authorized representative of a member

Alyssa Rodriguez
Typed or printed name of signer