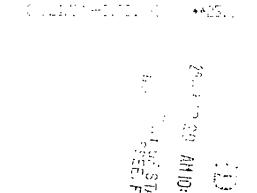
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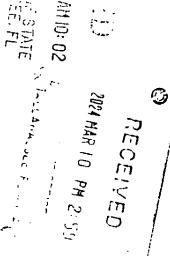
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COVER LETTER

TO:

	egistration Se vision of Cor					
CHID IF CT		SOLUTIONS LLC				
SUBJECT	·	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please retui	m all correspo	ondence concerning this matter	to the following:			
		ASRAFUL ISLAM				
			Name of Person			
		AI PRINT SOLUTIONS I	LLC			
			Firm/Company			
		3419 YALE CIRCLE				
			Address		**	
		RIVERVIEW, FL 33578			82 844 52 B	
			City/State and Zip Code		- 55 - 55	
		callaiprint@gmail.com				
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ilication) ロッシン		
ASRAFUL	ISLAM		267 670 3890	(02	
	Name o	f Person	Area Code Daytin	ne Telephone Number	_	
Enclosed is	a check for th	ne following amount:				
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Copy (additional copy	f Status & oy	
_	ailing Addres		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations				
	O. Box 632 allahassee, I		The Centre of			
1 2	ananassee, I	CL 34314	2413 IN. IVIONTO	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AI PRINT SOLUTIONS LLC

(Name of the Limited Liability (A Florida L	Company as it now appears on c imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000011386</u>	mpany were filed on $\frac{01/04/20}{1}$	024	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	ation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	SS)		10 10
			<u> </u>
		26 C) 1937 - 1	
Enter new mailing address, if applicable:		<u> </u>	5 ()
(Mailing address MAY BE A POST OFFICE BOX)			02
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:		, <u></u>	the new registere
New Registered Office Address:			
	Enter Florida str	ter Florida street address	
		, Florida	
Non-Books, N. d. of the state o	City	2	Zip Code
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capac plete performance of my d nt as provided for in Chapt	uties, and I am fami er 605. F.S. Or. if th	iliar with and his document is
Ī	f Changing Registered Agent, <u>Si</u>	gnature of New Register	red 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ASRAFUL ISLAM	3419 YALE CIRCLE	■Add
		RIVERVIEW, FL 33578	□Remove
			
			□Add
			□Remove
			☐Change
			SSEE TATE Change
			□Add
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er							
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and car tote: If the date inserted in this block does not mee ocument's effective date on the Department of State	nnot be prior to t the applical	date of filing ole statutory	g or more than filing requi	(option 90 days after rements, this	filing.) Pur	suant to not be	605.02 listed a
record specifies a delayed effective date, but not an lis filed.	effective tim	e, at 12:01	a.m. on the	earlier of: (b) The 90	th day a	ıfter th
ated MARCH 19TH,							
Assaful 75/200 Signature of a men							

Filing Fee: \$25.00