L240000 68456

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nar	
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(DC	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
subject:	aints Printin	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexander	Name of Person	re
	Saints	S Printing	LLC
	1613 N	Franklin St.	
	Tampa, 1	Florida City/State and Zip Code	33602
		saintsprinting	
For further information	concerning this matter, please c	all:	
Alexander	DiMare of Person	at (<u>50</u> 9) Area Code	H212039 Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
<u>Mailing Addre</u> Registration Division of O	Section	•	dress: tion Section of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saints P	cinting LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2400068456</u> .	any were filed on $\frac{2}{\sqrt{6}}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	(
Enter new mailing address, if applicable:		FIL. 2024 DEC 20 SECRETARY TALL AHAS
(Mailing address MAY BE A POST OFFICE BOX)		OF STATE
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida Zip Code
	Спу	гір Соде

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 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 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	Benjamin J. Lopez	1613 N Franklin st. Tampa, F	-[3360 ² ∆Add
			 & Remove
			□Change
			□Add
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If an effective date Note: If the date	is listed, the date te inserted in thi	the date of filing must be specific and a block does not be Department of	nd cannot be prior meet the applic	to date of filing or i able statutory fili	nore than 90 day	(optional) is after filing.) Purs ts, this date will	suant to 605.0207 (not be listed as t
e record specifierd is filed.	s a delayed effe	ctive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier	of: (b) The 90t	h day after the
Dated	12/2	0/24	·	_ _ ·			
		Mil	me	orized representativ			