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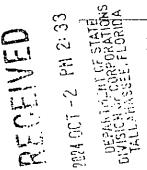
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	SOFLO AU	TOS LLC		1-
SUBJECT	·	Name of Lin	ited Liability Company	
The enclose	ed Articles of .	Amendment and fec(s) are sub	omitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	<u> </u>
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code	
		E-mail address: (to be used for future annual report is	otification)
For further	information co	oncerning this matter, please c	all:	
LOVETTE	DOBSON		l 8	88-462-3453
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e 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)
Ro D P.	ailing Address agistration S avision of Co O. Box 632 allahassee, F	ection orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOFLO AUTOS LLC	
(Name of the Limited Li	iability Company as it now appears on our records.) forda Limited Liability Company)	
(Total Elline Ellionity Confinity	
The Articles of Organization for this Limited Liabili	ity Company were filed on 04/19/2024 and assigned	ł
Florida document number L24000185445		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
PRINTS AND SIGNAGE SOLUTIONS LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	DDRESS)	
	σ s	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
	>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of the new records.	sterec
agent and/or the new registered office address ne	TA A	
N SN B in address	를 38	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:	
	gent and agree to act in this capacity. I further agree to comply wi	
	nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document	
	stargent as provided for in Endplet 1002, 11.3. Or, if this abcument stered office address, I hereby confirm that the limited liability	13
company has been notified in writing of this char		

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
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

If amending any other informa	tion, enter change(s) here: (Attac	och additional sheets, if necessary.)
		•
Effective date, if other than the affective date is listed the date must Note: If the date inserted in this blo document's effective date on the De	ock does not incer the applicable state	(optional) I' filing or more than 90 days after filing.) Pursuant to 605.0207 autory filing requirements, this date will not be listed as
e record specifies a delayed effective ord is filed.	edate, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 01	. 2024	0 (M)
	Signature of a member or phthorized repi	resentative of a member
	James Hill	
	Typed or printed name o	of Signer

Filing Fee: \$25.00