P190000 467341

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D.I.L.F. BOOK CO	DMPANY INC			
DOCUMENT NUMB	03.00000.1672.4				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MICHELLE CAMPBELL				
	-	Name of Contact Perso	n		
	Firm/ Company				
	15635 STAUNTON CIRCLE	:			
•		Address			
	PORT CHARLOTTE FL 339	181			
•		City/ State and Zip Cod	c		
	INFO@CAMPBELLSEA.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
DAVID CAMPBELL.	EA	94]	639-0680		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation

of		~
D.L.L.F BOOK COMPANY INC		-
(Name of Corporation as currently filed with the Florida Dept. of State)		7
P19000046734	[0]	င္မာ
(Document Number of Corporation (if known)		ပ္
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following at Articles of Incorporation:	g amendme	nt(s) t
A. If amending name, enter the new name of the corporation:		
MPRINTS ADDITIVE MEG. ASSOCIATION INC		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
 		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: 		
Name of New Registered Agent	-	
(Florida street address)	-	
(Fibrida Sirver duaress)		
New Registered Office Address: Florida (Zip C	· dos	
reasy tzap e	oaci	
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
Signature of New Registered Agent, if changing	•	
Check if applicable		

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
11 Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Attach additional sheets, if necessary). (Be specific)			
.\	NAME CHANGE ONLY			
×	O CHANGE TO OFFICERS OR REGISTERED AGENT			
_				
_				
_	<u> </u>			
_				
_				
r.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:			
	(if not applicable, indicate N/A)			
_				
_				

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	OCTOBER 31, 2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	TOBER 31, 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following star or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	2022 I
by		3 8
	(voting group)	2022 NOV 2 r AM 8: 39 ALL/PASSER TLOFE
10/31/202	,	
Dated		M4 8
Signature	limbelle Carrielle	8: 39 (67 lb)
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other ented fiduciary by that fiduciary)	en
	MICHELLE CAMPBELL	
	(Typed or printed name of person signing)	
	PRESIDENT	•
	(Title of person signing)	