# P23 000006153

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THE STATE

### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PRINTERS & MORE INC DOCUMENT NUMBER: P23000006153 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOLANDA LUNA BERROCAL Name of Contact Person PRINTERS & MORE INC Firm/ Company 112 SW 19TH AVE UNIT 2 Address FORT LAUDERDALE FL 33312 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOLANDA LUNA BERROCAL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# Articles of Amendment to Articles of Incorporation of

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		<u> </u>						
( <u>Name (</u>	of Corporation as currently	v filed with the Florida Dept, of State)						
P23000006153								
	(Document Number o	f Corporation (if known)						
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	Howing amends	nent(s) t				
A. If amending name, enter the new na	ame of the corporation:							
N/A	<u>-</u>		The ne	·*· 1				
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	Corp," "Inc." or "Co"	A professional corporation name must	reviation "Corp.					
B. Enter new principal office address,	if applicables	112 SW 19TH AVE UNIT 2						
(Principal office address MUST BE A S		FORT LAUDERDALE FL 33312	-	•				
				-				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		112 SW 19TH AVE UNIT 2						
		FORT LAUDERDALE FL 33312						
				•				
			(1)	-				
D. If amending the registered agent an			<b>Å</b> [€ +9					
new registered agent and/or the new	w registered office address	<u>s:</u>	. : d					
Name of New Registered Agent	N/A			<u>:</u> .				
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
	(Florida st	reet address)	H 03	·				
	N/A	car arar cay	03	1				
New Registered Office Address:	:NA							
		(City)	$(Zi)$ $($ $)$ $\cup$	÷				
New Registered Agent's Signature, if c	hanging Registered Agent	li						
I hereby accept the appointment as regist	ierea ageni i am jamiuar	with and accept the ortigations of the po.	smon.					
	Signature of New 1	Registered Agent, if changing						
	arguarare of New P	agmerca Agent, y changing						
Check if applicable								

☐ The amendment(s) is/are 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 Doc 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 Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>	N/A	
Add			
Remove			<u> </u>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
Remove			

/A	
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	. =-
If an amendment provides for an exchange, reclassification, or cancellation of issued sha	ires,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
***	01 10
/A 	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	<u>.                                    </u>
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 08-03-23 Signature Jolanda Duis	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
YOLANDA LUNA BERROCAL	50.5
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	