

**L04 000008482**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

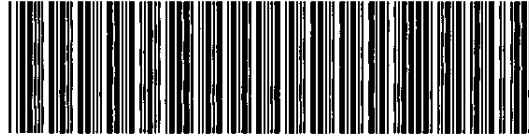
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**400271959044**

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2015 APR 23 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 30 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Okaloosa Sign Company LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Brenda Chambers

Name of Person

Total Business Solutions-Bookkeeping Division

Firm/Company

603 N Ferdon Blvd.

Address

Crestview, FL 32536

City/State and Zip Code

brenda@tbscrestview.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Chambers

850 423-1099  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2651 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2015 APR 23 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Okaloosa Sign Company LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2004 and assigned  
Florida document number L04000008482

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Total Business Solutions-Bookkeeping Division

New Registered Office Address:

603 N. Ferdon Blvd.

*Enter Florida street address*

Crestview

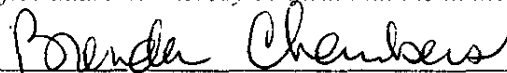
*City*

Florida 32536

*Zip Code*

**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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Glen Cruz	1168 Highway 90 West	<input type="checkbox"/> Add
		Holt, FL 32564	<input checked="" type="checkbox"/> Remove
MGRM	Sandi Parker	2113 Hoop Loop	<input checked="" type="checkbox"/> Add
		Crestview, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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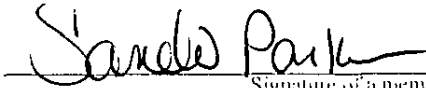
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 16, 2015



Signature of a member or authorized representative of a member

Sandi Parker

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA