

L04000008572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

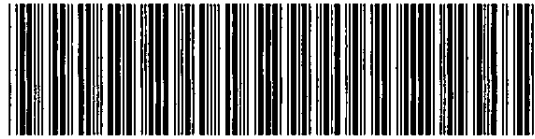
(Document Number)

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09/02/08--01029--010 \*\*25.00

Amendment  
L04-8572

FILED  
08 SEP -2 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 4 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A PLUS SIGNATURE DESIGN, 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:

DOROTHY A. GONZALEZ  
(Name of Person)  
A PLUS SIGNATURE DESIGN, LLC  
(Firm/Company)  
2300 37<sup>TH</sup> AVE. N.  
(Address)  
ST PETERSBURG FL 33713  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA TURNER-HAHN, ESQ. at (727) 433-1624  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

A PLUS SIGNATURE DESIGN, LLC

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

FILED  
09 SEP -2 PM 1:42  
SECRETARY OF  
STATE  
TALLAHASSEE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 2, 2004 and assigned  
Florida document number LO 4000008572.

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:

New Registered Office Address:

(Enter Florida street address)

\_\_\_\_\_, Florida

(City)

(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 608, 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)

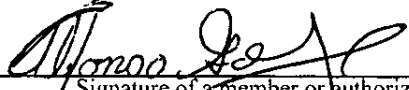
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCOTT T DISSINGER	1749 NEW HAMPSHIRE AVE NE ST PETERSBURG FL 33703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DENNIS S MOORE	6451 69 <sup>th</sup> AVE N PINELLAS PARK FL 33781	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DOROTHY A. GONZALEZ	2300 37 <sup>th</sup> AVE N. ST PETERSBURG FL 33713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 27, 2008.



Signature of a member or authorized representative of a member

ALFONSO GONZALEZ

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP - 2 PM 1:42

FILED