

L05000056641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

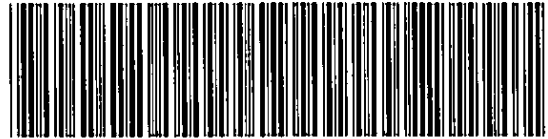
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2019

TECHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Signature Surfaces 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:

Atila ACS
Name of Person

Signature Surfaces LLC
Firm/Company

5051 Castello Dr.
Address

Naples, FL 34103
City/State and Zip Code

signaturesurfacesllc@gmail.com. or
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

atilaacs@aol.com

Atila ACS at (239) 370-8651
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Signature Surfaces 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 6/8/2005 and assigned
Florida document number 405000056641.

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 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 ADDRESS)

Atila ACS

417 Raven Way -

Naples FL 34110

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:

Atila ACS

New Registered Office Address:

417 Raven Way

Enter Florida street address

Naples

City

Florida


FL

Zip Code

34110

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Neil Marshall	3461 Pointe Creek Ct.	<input type="checkbox"/> Add
		Unit 105	<input checked="" type="checkbox"/> Remove
		Bonita Springs, FL 34134	<input type="checkbox"/> Change
MGR	Natalina Capone	8288 Key Royal Lane	<input type="checkbox"/> Add
		Naples, FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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19 MAR 31 PM 2:50
ST. CROIX ISLAND
FALLS AGENCY
FLORIDA

19 MAY 31 PM 2:11
BELLINGHAM, WASH
FALLMASTER, 110N

FILED
19 MAY 31 PM 2:00
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

5/29/19

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

5/29/19

Signature of a member or authorized representative of a member

Natalina Capone
Typed or printed name of signer