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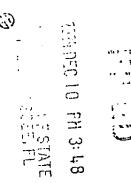
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TO: Registration Se Division of Cor		
Signature, I	I.I.C	
SUBJECT:	Signature, LLC Name of Limited Liability Company neclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Jessica Crawford	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Jessica Crawford	
	Name of Person	
	Esposito Law Group, P.A.	
	Firm/Company	
	537 10th Street West	
	Address	
	Bradenton, Florida 34205	
	•	
For further information c	concerning this matter, please call:	
Jessica Crawford		
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	,
■ \$25.00 Filing Fee	S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)	

Mailing Address:

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

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

Docusign Envelope ID: 7C1A6D8C-1D9E-4153-A180-B29F0BF70201 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signature, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L06000089079	were filed on September 11th, 2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	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 a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, enter the na	me of the new register
Name of New Registered Agent.	•	
New Registered Office Address:	Enter Florida street address	Zip Code in
	, Florida _ Cin	Zip Code 157
New Registered Agent's Signature, if changing Registered Agent:	,	C 10
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Of	gree to complywith the familiar with and r, if this Cocument is

Docusign Envelope ID: 7C1A6D8C-1D9E-4153-A180-B29F0BF70201 11 amenuing Authorized rerson(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>	Address	Type of Action
MGRM	Shawn N.Shields	536 47th Street West	□Add
		Palmetto. Florida 34221	■Remove
			☐ Change
MGR	Shawn N. Shields	536 47th Street West	■Add
		Palmetto, Florida 34221	□Remove
			□Change
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Effective	e date, if other that ive date is listed, the da	n the date of filing	ig:	to date of filing or	more than 90 days a	otional) 🚎	ant to 605/0207 (
Note: If	the date inserted in the	his block does not	meet the applic	cable statutory fil	ing requirements,	this date will no	ot be listed as the
	t's effective date on	the Department of	State's records			: '	: -
aocumen:	manifier a delayed of	fective date, but no	ot an effective t	ime, at 12:01 a.m	n, on the earlier of:	(b) The 90th	day after the
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Filing Fee: \$25.00