

L06000113555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

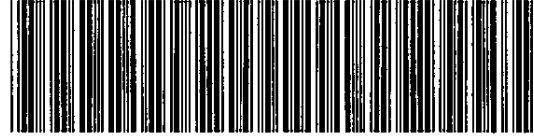
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2016 JUL -5 AM 7:51
TALLAHASSEE, FLORIDA

FILED
16 JUL -5 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sign Systems, 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:

Howard J. Willis

Name of Person

Sign Systems, LLC

Firm/Company

7080 West State Road 84 #7

Address

Davie, FL 33317

City/State and Zip Code

hwillisiii@gmail.com

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

For further information concerning this matter, please call:

Howard Willis

954 288-4541
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
2661 Executive Center Circle
Tallahassee, FL 32301

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

Sign Systems, 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 Nov. 28, 2006 and assigned Florida document number L060000113555.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7080 West State Road 84

#7

Davie, FL 33317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL -5 AM 11:19

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:

Howard J. Willis

New Registered Office Address:

7080 West State Road 84 #7

Enter Florida street address

Davie

Florida

33317

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 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	Allegra G. Willis	7080 West State Road 84 #7 Davie	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Allegra G. Willis		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 JUL 2019
 AM 11:19
 Add
 Remove
 Change
 Add

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

Article V

The name and address of managing members/managers are:

Howard J. Willis

7080 West State Road 84 Suite 7

Davie, FL 33317

Signature of member or an authorized representative of a member

Signature: Howard J. Willis

Owning members of Sign Systems, LLC: Howard J. Willis Percent of Ownership Shares: 100%

E. Effective date, if other than the date of filing: 06/24/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 24, 2016


Signature of a member or authorized representative of a member

Howard J. Willis

Typed or printed name of signee

FILED
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TALLAHASSEE, FLORIDA