L07000023070

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(Document Number)				
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SECRETARY OF STATE

S Warren

MAY - 3 2017

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Deborah Wesson Gibson Name of Person
	Signs of Excentrace, LLC Firm/Company
	PO Box 7471
	Address
	DELRAY BEACH, PL 33482-1471
	DELRAY BEACH, PL 33482-1471 City/State and Zip Code info@SiGNS of EXCEUENCELL C. Com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
De	borah Wesson Gibson at 561 305-1320 or (561) 762 Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L0700023070</u>	were filed on MArch 1, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile SIGNS OF EXCELLENCY The new name must be distinguishable and contain the words "Limited Liability".	ELLC
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 offregistered 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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public packed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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>	Address	Type of Action
			Add
		- NA	□ Remove
		· / ·	☐ Change
	M		Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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D. If amending any other information, enter change(s) here:	пист шишопш эпесіз, у песезьи у.)
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to de Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not ar b) The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of:
Dated April 27, 2017	X lebosch Jebson
Signature of a member or authorize	d representative of a member Weson Gibsony
Typed or printed na	ame of signee

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Filing Fee: \$25.00