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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 24 2009

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Greathouse Signs 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:

John Robert Greathouse

Name of Person

Greathouse Signs LLC

Firm/Company

156 Holly Street

Address

Apopka, FL 32712

City/State and Zip Code

bob@greathousesigns.com

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

For further information concerning this matter, please call:

Bob Greathouse

Name of Person

at ( 407 )

880-7446

Area Code & Daytime Telephone Number

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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**

Greathouse Signs 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 05/22/2007 and assigned  
Florida document number L07000054333.

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:

156 Holly Street

**(Principal office address MUST BE A STREET ADDRESS)**

Apopka, FL 32712

Enter new mailing address, if applicable:

P.O Box 1016

**(Mailing address MAY BE A POST OFFICE BOX)**

Apopka, FL 32704-1016

**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:

John Robert Greathouse

New Registered Office Address:

156 Holly Street

*Enter Florida street address*

Apopka

, Florida

32712

*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.*

 John R. Greathouse  
*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

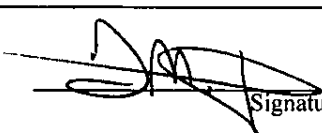
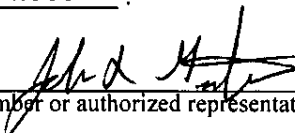
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Travis M John	175 E. Main Street Ste. 111 Apopka, FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John Robert Greathouse	156 Holly Street Apopka, FL 32712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 21, 2009

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09 DEC 23 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
TRAVIS M. JOHN  
  
\_\_\_\_\_  
Typed or printed name of signee  
John R. Greathouse