

L07000089154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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EXAMINER

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06/08/11--01011--018 \*\*60.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Signet Media Communications, 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:

**Scott L. Swanson**

Name of Person

**Signet American Industries, LLC**

Firm/Company

**PO Box 832**

Address

**Jupiter, FL 33468**

City/State and Zip Code

**sswanson.ccs@comcast.net**

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

For further information concerning this matter, please call:

**Scott Swanson**

Name of Person

at ( 561 )

**531-0755**

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**

**Signet Media Communications, 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 August 29th, 2007 and assigned  
Florida document number L07000089154.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Signet American Industries, LLC

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:**

**(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 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:

\_\_\_\_\_

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 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.*

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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.)*

Adding Fictitious Name:

Signet American Industries, LLC dba Fabric Architecture North America

Copy of Application attached - original and processing fee has been mailed to

Fictitious Name Registration dept.

Dated June 6th, 2011



Signature of a member or authorized representative of a member

Scott L. Swanson

Typed or printed name of signee

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

*Attachment  
For Reference*

Section 1

- Fabric Architecture North America**  
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")  
PO Box 832  
  
Mailing Address of Business  
Jupiter, FL 33468  
City State Zip Code  
  
3. Florida County of principal place of business: Palm Beach  
  
(see instructions if more than one county)  
  
FEI Number: \_\_\_\_\_

This space for office use only

Section 2

## A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- |  |  |
|--|--|
| 1. Last _____ First _____ M.I. _____<br>Address _____<br>City _____ State _____ Zip Code _____ | 2. Last _____ First _____ M.I. _____<br>Address _____<br>City _____ State _____ Zip Code _____ |
|--|--|

## B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

- |   |  |
|---|--|
| 1. <b>Signet American Industries, LLC</b><br>Entity Name<br><u>PO Box 832</u><br>Address<br><u>Jupiter, FL 33468</u><br>City State Zip Code<br><u>Florida Document Number L07000089154</u><br>FEI Number: <u>83-0497693</u><br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. _____<br>Entity Name<br>Address<br>City State Zip Code<br><u>Florida Document Number</u> _____<br>FEI Number: _____<br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|---|--|

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath.

*[Signature]* 6-6-2011  
Signature of Owner Date

sswanson.ccs@comcast.net

E-mail address (to be used for future renewal notification)

Phone Number: 561-531-0755

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

UGH 4:

**SIGNET MEDIA COMMUNICATIONS LLC**  
P.O. BOX 832  
JUPITER, FL 33468

02-10

1006

63-1482/570  
829

Order of

FL Dept of State \$ 90.00  
Anty & Co Dollars



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For

Name Change App

10670148221 424695781911

1006

\_\_\_\_\_ and was assigned

Date

ed Copy — \$30