Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

Email Address:

**EXAMINER** 

L. SELLERS

FEB 2.4 2010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## SIGN SUPPLY USA LLC

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\$25.00

Electronic Filing Menu

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Help

2/23/2010

February 23, 2010

JULY GAR GOOD

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIGN SUPPLY USA LLC ONE LIBERTY LANE HAMPTON, NE 03842

SUBJECT: SIGN SUPPLY USA LLC

REF: L08000043590

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: E10000040198 Letter Number: 410A00004420

## **COVER LETTER**

ro:	Registration S Division of Co								
SUBJE	CT:	Sign	n Supply USA LLC						
		Name of Lin	nited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.						
Please r	etum all corresp	ondence concerning this matte	r to the following:						
			Carrie Kane						
			Nume of Person						
			Latona Associates LLC						
			Firm/Company						
			Liberty Lane						
			Address						
			Hampton, NH 03842						
			City/State and Zip Code						
			ric.kane@lateneassociates.com (to be used for future annual report notifice						
For furt	ner information of	concerning this matter, please	,	mony					
	Kristen Basses	0.7.6	Z17	ድሳነ ደርጎባ					
		er, C T Corporation System	at ( 617 ) Area Code & Daytime 1	Celephone Number					
Enclose	d is a check for t	he following amount:							
<b>⊠</b> \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
MAILING ADDRESS: Registration Section Division of Corporations			STREET/COURIES Registration Section Division of Corporat						

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

STREET/COURTER ADDRES
Registration Section
Division of Corporations
Clifton Building
2651 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sign Supply U	SA LLC			
(Name of the Limited	Liability Company	as it now appears	on our records.)		
	r mids timmed file.	onity Company)			
The Articles of Organization for this Limited L	isbility Company w	ere filed on	May 11, 1990	and assigned	
Florida document number L08000043	1590				
This amendment is submitted to amend the foll	lowing;				
A. If amending name, enter the new name o	f the limited liabilit	y company bere	*		
	Proveer USA	LLC			
The new name must be distinguishable and end with "L.L.C."	th the words "Limited	Liability Compan	y," the designation "L	LC" or the abbreviation	1
Enter new principal offices address, if applie	able:				
(Principal office address MUST BE A STREE	-			,	
	<u>, 11,000,000,</u>				
	-				
Vator new mailing address if applicable					
Enter new mailing address, if applicable:	D. C. V.				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u> -				
	_	*			
B. If amending the registered agent and/	on magistound office	a celebraria on an	u unadanda smesau el		
registered agent und/or the new registered of	or registered onld ffice add <u>res</u> s here:	E MOTESS ON UN	ir records, enter d	ie name of the new	
Name of New Registered Agent;	CT Corporation Sy	stem			
THE OF ITOW RESIDENCE PROMITE					
New Registered Office Address:	1200 South Pine Is				
		Ente	r Florida street addr	ess	
	Pi:	antation	Florida	<b>产紹</b> 324 <b>6</b>	_
		City	·	Sip-Bode T	į
New Registered Agent's Signature, if changing I				TARY HASSI	
I hereby accept the appointment as registere	ed agent and agree .	to act in this cap	actty. I further agr	ee to comply with	
the provisions of all statutes relative to the p	roper and complete	e performance o	f my duties, and I a	m Jamiijar with and	J
accept the obligations of my position as regi- being filed to merely reflect a change in the t					
company has been notified in writing of this		13/1/		>	
	If Changing	Clifteda 1	Slavature of New One	istared Apput	

Page 1 of 2

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 Title Name **Address** Type of Action Ď Add Remove ☐ Add Remove ∏ Add □ Remove Remove ∏Add \_\_\_Remove \_\_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1 bruary 2010 Dated M. Kane for SIGN Supply IN-Signature of a member or authorized representative of a member CARPIE M KANDE - SECRETARY OF SOLE
Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00