

L09000068523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

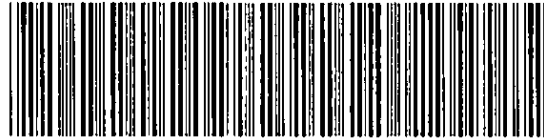
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2023 FEB 27 PM 4:05

STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB 27 AM 11:40

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2/28/23

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/27/2023

Acc#I20160000072

en: c DW

Name:	SIGNATURE SERVCO, LLC
Document #:	
Order #:	14801594 - 9

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

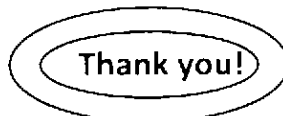
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00



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

FILED

SIGNATURE SERVCO, LLC

2023 FEB 27 PM 4:05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on July 15, 2009 and assigned
Florida document number L09000068523.

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)

8270 Greensboro Drive

Suite 1000

McLean, Virginia 22102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8270 Greensboro Drive

Suite 1000

McLean, Virginia 22102

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 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	Digital Intelligence Systems, LLC	8270 Greensboro Drive	<input checked="" type="checkbox"/> Add
		Suite 1000	<input type="checkbox"/> Remove
		McLean, VA 22102	<input type="checkbox"/> Change
MGR	Mahfuz Ahmed	8270 GREENSBORO DRIVE	<input type="checkbox"/> Add
		SUITE 1000	<input checked="" type="checkbox"/> Remove
		MCLEAN VA 22102	<input type="checkbox"/> Change
MGR	Maruf Ahmed	8270 GREENSBORO DRIVE	<input type="checkbox"/> Add
		SUITE 1000	<input checked="" type="checkbox"/> Remove
		MCLEAN VA 22102	<input type="checkbox"/> Change
MGR	Signature Manager, LLC	2101 West Commercial Boulevard	<input type="checkbox"/> Add
		Suite 3000	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, Florida 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00