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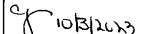


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Office Use Only



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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

SOFTIOU	CH HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael II Paycher		
		Name of Person	
		Firm Company	
	4855 W HILLSBORO BI.	VĐ STE B-12	
		Address	
	COCONUT CREEK FL 3	3073	
	mpaycher@radixcorp.com	City/State and Zip Code	
		to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please of		
Michael H Paycher		954 829-4442 at (
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy maditional copy is enclosed
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 18 AH 7:51

SOFTTOUCH HOLDINGS, LLC					
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records,) nied Liability Company)				
The Articles of Organization for this Limited Liability Comp	pany were filed on [18/03/2009]				
lorida document number 1.09000073904					
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited	liability company here:				
SIGNAL INVEST LLC					
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRES.	S)				
Enter new mailing address, if applicable:	c/o Michael H Paycher				
Mailing address MAY BE A POST OFFICE BOX)	2876 S OASIS DR				
	BOYNTON BEACH FL 33426				
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter th</u>	e name of the new regist			
gent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flori	da			
	City	Zin 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>	Name	Address	Type of Action
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		<u>-</u>	□Remove
44			
			□Remove
			\ \ \ \ \ \
			□Remove
			TChange
			= Add
			□Remove
			Change
			\ \ \ \ \ \
			Remove
			\(\sum_C\hange\)
			Add
			□Remove

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effective date is listed, the date effective date inserted in thi	must be specific s block does no	and cannot be it meet the ap	pnor to date of t oplicable statu	iling or more the tory tiling requ	n 90 days after fi firements, this c	ling.) Pursuant to t late will not be l	305.02 asted
ument's effective date on th							
record specifies a dela he 90th day after the i			t not an effe	ective time,	at 12:01 a.	m. on the ea	riier
ed		2023 — ·	· ·				
	11001	10,					
<u> </u>	Signature o	a member or	authorized repr	esentative of a n	nember	· · · · · · · · · · · · · · · · · · ·	
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Page 3 of 3