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T. HAMPTON

JUN 1 5 2010

EXAMINER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co					
SUBJE	CT:	PRA	MCO, LLC			
50201		Name of Lim	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Christopher J. Kelly			
			Name of Person			
			PRAMCO, LLC			
			Firm/Company			
			3933 Indian Trail			
			Address			
			Destin, FI 32541			
			City/State and Zip Code			
	fastbt502@cox.net E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of	eall:			
	Chris	stopher J. Kelly	at (685-6009		
Name of Person		of Person	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR	RAMCO, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appea Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability C	ompany were filed on	2-24-2010	and assigned
Florida document number L10000021029	·*		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :	
	SIGN WORKS, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			J Vid
(Principal office address MUST BE A STREET ADDR	(ESS)		SIOR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TARY OF STA
			5 10 m
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	YAC C
	En		r edu
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			D Damesus
			Add Remove
	***************************************		Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	SECRETAR DIVISION OF C
Dated	June 10	2010 Touth Mall	Y OF STATE TORRATIONS
	Signature of a	Christopher J. Kelly Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00