## 4000048403

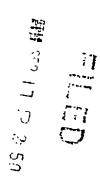
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## **COVER LETTER**

	Registration Se Division of Cor					
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SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:		95.71.   100.01   0.00.01   0.00.01	
		Efrain Warens				•••
			Name of Person		٠ - ا	, ;
		sign store & more"llc"				Ĺ
			Firm/Company	·	2: 50	
		1784 nw federal hwy				
		stuart fl 34994	Address			
		warensej@gmail.com	City/State and Zip Code	··		
		E-mail address: (	to be used for future annual repor	t notification)		
For furthe	r information c	oncerning this matter, please ca	all:			
Efrain wa			772 485143			
	Name o	f Person	Area Code Da	aytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

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

(Name of the Lin	nited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Florida document number L10000048403	Organization for this Limited Liability Company were filed on may 5th 2010 ent number L10000048403	
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
		* {?L ****
he 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 appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<del></del>	
		ည မာ
Enter new mailing address, if applicable:		ے
Mailing address MAY BE A POST OFFICE	E <b>BOX</b> )	
3. If amending the registered agent and egistered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:	Efrain Warens	····
New Registered Office Address:	****	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Flo	rida
	Cin	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>	Address	Type of Action
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			□ Remove
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an effective date is li lote: If the date in	other than the dat isted, the date must be isserted in this block we date on the Depar	specific and cannot does not meet	iot be prior to d the applicable			s after filing.) I		
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Filing Fee: \$25.00