

L11000026390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

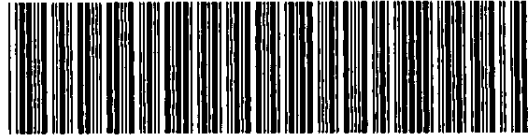
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Signpost 17, LLC  
Name of Limited Liability Company

\* I am writing to  
update the name of my LLC,  
as well as the name of the  
registered agent to my married  
name. Please also update  
this information with my  
EIN # as well. Thank you!

Kind regards,  
Laura

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Mayer  
Name of Person  
Signpost 17, LLC  
Firm/Company  
2 Grove Isle Drive, #1702  
Address  
Miami, FL 33133  
City/State and Zip Code  
laurapuddicombe@mac.com  
E-mail address: (to be used for future annual report notification)

\* Could you also please  
update on my  
sales and use  
certificate.

For further information concerning this matter, please call:

Laura Mayer at (305) 331-7479  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
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

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

Composition Design Group, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/3/2011 and assigned  
Florida document number L11000026390.

**\* PLEASE UPDATE ON EIN # 275334793**

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Signpost 17, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

(same)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

(same)

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**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:

Laura Mayer

New Registered Office Address:

(same)

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 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.*

Laura Mayer  
If Changing Registered Agent, Signature of New Registered Agent

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Laura Puddicombe	2 Grove Isle Dr #1702	<input type="checkbox"/> Add
	↓ (married name ت)	Miami, FL 33133	<input checked="" type="checkbox"/> Remove
MGRM	Laura Mayer	2 Grove Isle Dr #1702	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 5 / 20 / 13

Laura Mayer

Signature of a member or authorized representative of a member

Laura Mayer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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