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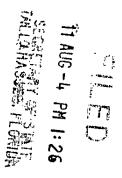
AUG - 5 2011

EXAMINER



900210572959

08/04/11--01004--019 **30.00



COVER LETTER

	ion Section of Corporations			
SUBJECT:	CUSTO	M D SIGNS LLC		
		nited Liability Company		
The enclosed Artic	es of Amendment and fee(s) are so	ubmitted for filing.		
Please return all co	rrespondence concerning this matte	er to the following:		
		ANA E ROSARIO		
		Name of Person		
	AMERICAN	TAX & PAYROLL SER\	/ICES LLC	
		Firm/Company		
	1	015 SR 436 SUITE 105		
		Address		
	CA	SSELBERRY, FL 3270	7	
		City/State and Zip Code		
	ATAXS	SERVICES@YAHOO.C (to be used for future annual report	OM	
For further informat	ion concerning this matter, please	·	nonteation	
FEF	RNANDO SANTANA	at (407)	844-0196	
Name of Person		Area Code & D	aytime Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	**Solution of Status Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc.	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re Di	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/CO Registration S Division of Co Clifton Buildin	rporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM D				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	03/10/2011	and assign	ned
Florida document number <u>L11000029723</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the abb	reviation
Enter new principal offices address, if applicable:	5665 CURRY	FORD RD	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, F	L 32822	基位 🖜	
				······································
Enter new mailing address, if applicable:			ASSES	* APPROXIMATE TO A STATE OF THE
(Mailing address MAY BE A POST OFFICE BOX)			76.	1 4 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>ente</u>		the new
	 -			
Name of New Registered Agent:				
New Registered Office Address:		tar Florida street a		
	Enter Florida street address			
	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 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSE A OLIVERA	307 DRUM LN KISSIMMEF, FL 34759	
<u>MGRM</u>	EDUARDO PEREZ	5945 FOLKSTONE LN ORLANDO, FL 32822	Add Remove
			Add Remove
	<u> </u>		Add Remove
·····			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			
Dated	JULY 29	2011	_
	F	ember or authorized representative of a member FERNANDO SANTANA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00