#1 11000060062

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HILEU 11 MAY 27 PM 3: 55 SLUGLIARY OF STATE MAIL ARASSEE, FLORIDA

K. SALY EXAMINER MAY 3 1 2011

COVER LETTER

SUBJECT:		phics Services, LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	• .
		Marcos R. Perez	
		Name of Person	•
		Firm/Company	····
		6340 SW 24 St	
		Address	
		Miami, FL 33155 City/State and Zip Code	
	eian	sgraphics@hotmail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	call:	
Ма	rcos R. Perez	at \	987-3012
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

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

FILED 11 MAY 27 PM 3: 55

Signs &	<u>Graphics Services, L</u>	LC	- JOHNE TARY OF STA
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records.)	TALLAHASSEE, FLOR
The Articles of Organization for this Limited Liabili		05/23/2011	and assigned
Florida document numberL11000060062	<u>?</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	-	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	$F_{ u}$	ter Florida street ad	ddrace
	En		
		, Florida _	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 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, 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> **Type of Action** Marcos R. Perez MGR 6340 SW 24 St. Miami, FL 33155 ✓ Add Remove Aurora Perez MGRM 6340 SW 24 St, Miami, FL 33155 Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Limited Liability Purpose: Any and all lawful business. May 23 Dated _____ Signature of a member or authorized representative of a member

Marcos R. Perez
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00