# L110000 62549

(Requestor's Name)
(Address)
,
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PICK-UP WAIT MAIL
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(Document Number)
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SEURGIANT OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

\*\*JUN 2 3 2011\*\*

EXAMINER

# **COVER LETTER**

Division of Co					
SUBJECT:	Sign	Tech, LLC			
	Name of Limi	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	•	Rene Gascon			
		Name of Person			
		Sign Tech, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		PO Box 126733			
		Address			
		Hialeah, FL 33012		TAL 1	
		City/State and Zip Code		LLAHASS	
	ren	e.gascon@yahoo.con to be used for future annual repo	n ort notification)		progr <b>2004</b>
For further information	concerning this matter, please of		,	E. P.	in O
F	Rene Gascon	at (_786_)	269-1252	H: 3	
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 er	nclosed) Certified	te of Status &	sed)

## 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Sign Tech, LLC		<u> </u>
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	May 27, 2011	and assigned
Florida document numberL11000062			
This amendment is submitted to amend the follo	owing:		
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 wit	h the words "Limited Liability Compa	uny," the designation "	LLC" or the abbreviation
"L.L.C."		5	<u> </u>
Enter new principal offices address, if application			D
(Principal office address MUST BE A STREE	T ADDRESS)		19484
			W.=
	,		馬里 3
Enter new mailing address, if applicable:			- <del>-</del>
(Mailing address MAY BE A POST OFFICE I	<u></u>		16 9 S
	<del></del>		
B. If amending the registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Rene Gascon II		·
New Registered Office Address:	1675 West 49th Street		
	En	ter Florida street add	lress
	Hialeah	, Florida	33012
•	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.

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	= Mar	naging Memb	oer					
<u>Title</u>		<u>Name</u>		<u> </u>	Address	<u>Ty</u>	pe of A	ction
MGRN	1	Rene Gas	con II		1675 West 49th Street Hialeah, FL 33012		Add Remove	e
MGRM	<u>ı</u> Ve	<u>cronica</u>	Urrutia-Mer	ndiz I	aba 17901 NW 68th Avenue # s-105 Hialeah, FL 33015		Add Remove	e
	-			- -			Add Remove	e
	_			- - -			Add Remove	e
	_						Add Remove	
	<del></del>			<del>-</del> -			Add Remove	
D. If an	nendin	g any other ir	nformation, enter chan	nge(s)	here: (Attach additional sheets, if necessary.)	_		
	Artic	le IV				<u>+</u> :0		
	Rene	e Gascon			L A		NOF L	
	1675	West 49th	Street		ASS	17	=	Annual States
	Hiale	eah, FL 330	12		ů. Li	[k 유	7 PA	F
					TLOR	MIS	i I: 39	U
Dated _		June 1	7 , 2	2011 2	-·	<del>, 11</del>	39	
	_	/	Signature of a memb	per or a	uthorized representative of a member		_	
	_			Rene	e Gascon II			
			Type	ed or nr	rinted name of signee			

Page 2 of 2

Filing Fee: \$25.00



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2011

RENE GASCON SIGN TECH, LLC POST OFFICE BOX 126733 HIALEAH, FL 33012

SUBJECT: SIGN TECH, LLC Ref. Number: L11000062549

We have received your document for SIGN TECH, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 511A00013889