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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(D0	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
"JAN 3.1 2012				
L. SELLERS				

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SECRETARY OF STATE
ALLAHASSEE, FLORID/

7

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sign Tech, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cinthia P. Gascon-Sierra Name of Person
Sign Tech, LCC Firm/Company
P.O. Box 126733 Address
Hialeah FL 33012 City/State and Zip Code
Signtech 001@ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
René Gascon at (786) 269-1252 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\begin{align*} \\$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \

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

SignTech	LLC				
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears of iability Company)	n our records.)		
The Articles of Organization for this Limited Lin		were filed on 05	27/2011	and assigned	
Florida document number <u>L //00/0625</u>	<u>99</u> .				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:			
The new name must be distinguishable and end with "L.L.C."	n the words "Limit	ted Liability Company,'	'the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applica	ıble:	1675 Wes	5t 49th 5	Street	
(Principal office address MUST BE A STREET ADDRESS)		Hialeah PC 33017			
Enter new mailing address, if applicable:		1.0. Box 1			
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	Hialeah	FL 330	12	
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter the	e flame of the new	
Name of New Registered Agent:	Cinthi	a P. Gascor	n-Sierr		
New Registered Office Address:	1675 W	J 49th 6+		70	
	Hiail	e ah	Florida street addre	33017	
		City		7in 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

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGB</u> M	René Gascor	1675 W 49th Stree Hialeah FL 330	Add Remove
<u>MGR</u> M	Cinthia P. Gascon	-Sierra 1675 w 49th of Healeah FL 3301	Street X Add Z Remove
			Add Remove
			AddRemove
			AddRemove
			AddRemove
D. If amendi	ing any other information, enter	change(s) here: (Attach additional sheets, if no	ecessary.)
A	rticle IV		
<u>C</u>	inthia P. Gas	con-Sierra	
	75 W 49th Str		
<u> H</u>	ialeah RC 3:	3012	
Dated O(26/2012	2012	
	Renés	an	
-	Signature of a	René Gascon III. Typed or printed name of signee	

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:

Page 2 of 2

Filing Fee: \$25.00