# L110000 62549

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## COVER LETTER

TO: Registration Sect Division of Corp			A.
SUBJECT:	Sign Tech, L Name of Llmi	Led Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Veronica A	lessandra Sie Name of Person	rra Mendizabal
	_SignTeich,	Firm/Company	
	<u>17901 Nu</u>	) Legay Apt Address	S-105
	Hialeah F	City/State and Zip Code	.)
	Veronicalesso E-mail address: (t	indras (a) hotmood be used for future annual repo	ort notification)
For further information con	ncerning this matter, please ca	ill:	
Cinthia P. Ca	scon-Sierra Person	at ( <u>305</u> ) <u>71</u> Area Code I	1 – 8155 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company  Florida document number 11000062549.	were filed on <u>5/27/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	1675 W 49th Street	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Hialeah FL 33012	SECULO FILL
Enter new mailing address, if applicable:	1675 W 49th Street	PH PER
(Mailing address MAY BE A POST OFFICE BOX)	Hialeah FL 33012	2: 39
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
	lessandra Sierra Mendiz	eabal
New Registered Office Address: 1675 W.	19th Street Enter Florida street address	
Hialeal	City , Florida 3	3017

#### 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 605, 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 Registored Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cinthia P. Gascor Sierra	1675 W. \$ 49th Street	🗆 Add
		Hialeah FL 33012	Remove
<u>MGRM</u>	Veronica Alessandra Sierra Wendizabal	1675 W 49th Street Hialeah FL 33012	Add
	Hialeah FL 33012	□ Remove	
			□ Ađd
			Remove
			SECK
			Remove 2
			EN CUT STATE DREPORATION PM 12: 39
	<del> </del>		Add
		. <u>.</u> .	Remove
			Add
			□ Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Article IV
	Veronica Alessandra Sierra Mendizabal
	1675 W 49th Street
	Hialeah FL 33012
(The e	ctive date, if other than the date of filing:
Date	a August 27 . 2014.
	(1)2 MU)
	Simple of a market of a market
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Cinthia P. Coscon-Sierra  Typed or printed name of signee

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Filing Fee: \$25.00