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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sign Tech 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:
Francisco Albornoz Name of Person
Sign Tech, LLC Firm/Company
8111 NW 53 ST Apt 374
Doral FL 33166  City/State and Zip Code
Francis (OCOmbrace) - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Veronica A. Sierra at (786) 374 3452  Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$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 (A	Liability Company Florida Limited Lia	as it now appea bility Company)	rs on our records.)		j
The Articles of Organization for this Limited Liab		ere filed on	9/16/16	and assi	gned
This amendment is submitted to amend the follow	ing:	•		•	
A. If amending name, enter the new name of th	ne limited liabili	ty company h	ere:		
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the	designation "LLC" or t	he abbreviation "L.I	C."
Enter new principal offices address, if applicab	le:	•	·		
(Principal office address MUST BE A STREET)	ADDRESS)	······································		EN 6	11
Enter new mailing address, if applicable:				ASSEE	1 3 7
(Mailing address MAY BE A POST OFFICE BC	<u>2X)</u>		· · · · · · · · · · · · · · · · · · ·	FLORI	t. <i>J</i>
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:			. 4.	of the new
Name of New Registered Agent:	Vermina	Men	andanabe	Made	<u> </u>
New Registered Office Address:	<del></del>	Enter Flo	rida street address		
		City	Florid	a Zip Code	•
New Registered Agent's Signature, if changing Reg	istered 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 Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorize	ed to manage, <u>enter th</u>	e title, name, and a	ddress of each perso	n being added
or removed from our records:				

MGR = Ma AMBR = Au	nager thorized Membera		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00