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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sign Factory Supply, 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:

Kevin Borodunovich

Name of Person

Sign Factory Supply, LLC

Firm/Company

2309 Hancock Bridge Pkwy

Address

Cape Coral, FL 33990

City/State and Zip Code

kevin@signfactorysupply.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Borodunovich

239 362-5838  
at ( )

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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Sign Factory Supply, LLC**

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**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dylan Doyle	1925 Clifford Street	<input checked="" type="checkbox"/> Add
		Apt. 14	<input type="checkbox"/> Remove
		Fort Myers, FL 33901	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 5th, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Kevin Borodunovich

\_\_\_\_\_  
Typed or printed name of signee