## L11000080633

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SEGRETARY OF STATE

B. ROSTICK OCT 17 2014

## **COVER LETTER**

TO:	Registration Section
	Division of Corporation

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 Borod	lunovich		
			Name of Person		
			Firm/Company		
		2202 SE 14	th Terrace	•	
			Address		
		Cape Coral,	FL 33990	)	
			City/State and Zip Co	ode	77
		aboutbusiness87	@gmail.com		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		E-mail address: (	to be used for future ann	nual report notification)	ALLAH
Fo	r further information o	oncerning this matter, please c	all:		ASS
K	Cevin Boro	dunovich	<sub>at</sub> 239	201-9092	ريا ريار ريار
	Name o	f Person	Area Code	Daytime Telephone Number	LORIBA
En	closed is a check for t	he following amount:			-
	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing F Certified Copy		-

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sign Factory Supply, LLC

(Name of the Limited Liability C (A Florida Lim	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Complex Horida document number L11000080633	pany were filed on 7/13/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Profescional Signs & Design, LCC KR		
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter t</u> s here:	the name of the r
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		AR)
	Enter Florida street address	D P
	, Florida	Zip Gode
New Registered Agent's Signature, if changing Registered Ag	gent:	32 BA

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.

-	T	1
	_	-
_	T	_
•		,

If amending Authorized N	the Managers or Authorized Member Member being added or removed from	on our records, enter the title, name, and address of each Manager or
MGR = Ma	5.5	omisa ced hard bits
<u>Title</u>	<u>Name</u>	Address Type of Action
<u>AMB</u> R	Dylan Doyle	1925 Clifford Street DAG
	·	FOCH MYES, FL 33901 WG 119
		Add
		Remove
		Remove
	<del></del>	Add
		AHASSEE TARY OF
		ORIGINAL STATE Remove
		Add
		Remove

D.	If amending any other information, enter change(s) here: (Attach additional she	ets, if necessary.)
E.	Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) an 90 days after
	October 1 , 2014 .	
	nein Botod	
	Signature of a member or authorized representative of a mem	iber
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE
TALLANASSEE, FLORIDA