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2012 JAN 27 AM 8: 12
SECRETARY OF STATE

J. SAULSBERRY EXAMINER JAN 30

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT:	SIGNATURE	INTERPETING, LLC	
50201	~ 		ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corresp	ondence concerning this matte	r to the following:	
			Name of Person	
	BUSINESS CONTROL SERVICE, INC			
			Firm/Company	
3			3925 S. NOVA RD Address	20 TA
	PORT ORANGE, FL 32127		2012 JAN 27 SECRETAR TALLAHASS	
		BUSINESS	City/State and Zip Code BUSINESSCONTROL@BELLSOUTH.NET	
For furth	er information	E-mail address: (concerning this matter, please	to be used for future annual report notification)	JAN 27 AM 8: L2 **RETARY OF STATE AHASSEE, FLORIDA
	****	ONA BALLOU	at (386) 760-5454	
	Name	or retson	Area Code & Daytime Telephone No	imber
Enclosed	l is a check for t	the following amount:		
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cer	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS :

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATU	RE INTERPETING,	LLC	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	1/24/2012	and assigned
Florida document numberL12000011057	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
SIGNATU	RE INTERPRETING, LL	.C	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	vadaPhysia 60P-dis-		7 2
(Principal office address MUST BE A STREET AD	DRESS)		
			AR S
			27 ARY SSE
Enter new mailing address, if applicable:			TO E
(Mailing address MAY BE A POST OFFICE BOX)			ST &
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Εĩ	ter Florida street add	ress
		, Florida	7: 0 !
•	City		Zip 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

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

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amon	ding any other information enter ch	ango(s) have (Attach additional sheets if recovery	Add Remove SECRETARY
	any other miorination, enter en	ange(s) here: (Attach additional sheets, if necessar	IAN 27 AM 8: 12 HASSIE FIORIO
			112 112
Dated	.,,,,	n- Mass	
	Signature of a mer	nber or authorized representative of a member	
		SHONNA MAGEE	
	Tv	bed or printed name of signee	•

Page 2 of 2

Filing Fee: \$25.00