

L12000095272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

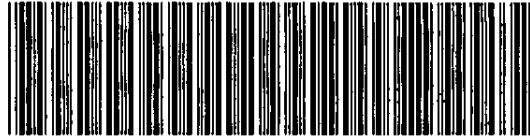
(Business Entity Name)

(Document Number)

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2016 FEB 29 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S MASON

To Whom It May Concern,

Please process the attached amendment to change the name of my LLC. If you have any questions please call 813-777-9964. My return address is as followd:

2911 Arrowsmith Rd

Wimauma, FL 33598

Thank you,

Anthony Cormier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C4 Autowraps 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:

Anthony Cormier
Name of Person

C4 Autowraps
Firm/Company

2911 Arrowsmith Rd
Address

Wimauma, FL 33598
City/State and Zip Code

skywaysignsandwraps@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Yates at (813) 777-9964
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

C4 Autowraps LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/24/2010 and assigned
Florida document number L12000095272

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Skyway Signs and Wraps LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2911 Arrowsmith rd

Wimauma, FL 33598

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2911 Arrowsmith rd

Wimauma, FL 33598

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Anthony Stephen Cormier Jr.

New Registered Office Address:

2911 Arrowsmith rd

Enter Florida street address

Wimauma

City

Florida

33598

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 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

MGR = Manager
AMBR = Authorized Member

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Feb 24th, 2016

Anthony Cormier
Typed or printed name of signee

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TALLAHASSEE, FLORIDA