L12000117598

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700315241467

07/82/18--01833--020 **25.00

18 JUL -2 AM 8: 29

N COOPER JUL 0 6 2018

COVER LETTER

DIV	ision of Corp	orations			
SUBJECT:	Thomas Moore Signature, LLC				
70 B # E C T .		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Thomas Moore			
			Name of Person		
			Firm/Company		
			r uni Company		
		4917 Santee Street			
			Address		
		Orlando, Fl 32804			
			City/State and Zip Code		
		E-mail address: (0	to be used for future annual report notifi	cation)	
For further in	nformation ec	oncerning this matter, please ca	ill:		
Alan Saunde	ers		407 647-5849 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	ı check for th	e following amount:			
■ \$25.00 F	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

TO:

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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 09/14/2012	and assigned
lorida document number L12000117598		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		16 N
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		75 75 75
Inter new mailing address, if applicable:		CO
Mailing address MAY BE A POST OFFICE BOX)		2
		
 If amending the registered agent and/or registered 		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street address	
		daZip Code

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) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mbr	Andrea Lee Varney	5041 Gypsy Lane Orlando FI 3280.	₩ Add
			☐ Remove
			☐ Change
			□ Remove
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

		· _ ·		
				
				10 NVIS
				IVISICH
				1L + 2
				1
				<u> </u>
				29
				
				
				
ffective date, if other than to an effective date is listed, the date source. If the date inserted in this ocument's effective date on the	nust be specific and cannot be block does not meet the a	prior to date of filing or more to policable statutory filing re-	(optional) han 90 days after filing.) Purs quirements, this date will r	uant to 605.0207 not be listed as
e record specifies a delay The 90th day after the r		it not an effective time	e, at 12:01 a.m. on t	he earlier o
June 26	2018			
Q	111	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00