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DIVISION OF CORPORATIONS

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9-11-13

## **COVER LETTER**

TO: Registration Section
Division of Corporations

WEST COAST SIGNS MANAGEMENT, 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:

**BRIAN CASWELL** 

Name of Person

WEST COAST SIGNS MANAGEMENT, LLC

Firm/Company

1945 17TH ST, STE 103

Address

SARASOTA, FL 34234

City/State and Zip Code

BRIANCASWELL@CAZLEY.COM

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

For further information concerning this matter, please call:

**BRIAN CASWELL** 

at (941) 586-0441

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## WEST COAST SIGNS MANAGEMENT, LLC

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

The Articles of Organization for this Limited Liability (	Company were filed on 11/13/2012	and ass	signed
Florida document number L12000143485	<del></del> -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
DIGITAL SIGN & LIGHT MANAGEMENT, L	LC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the	abbreviatio
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	SEP	SECRE
			957
Enter new mailing address, if applicable:		PH	CRPOX
(Mailing address MAY BE A POST OFFICE BOX)		*: 0.9	ATIONS
B. If amending the registered agent and/or registered agent and/or the new registered office ade		, enter the name o	of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida s	street address	
	, Flo	orida	
	City	Zip Cod	le .

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

MGR = Manager .

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
		**** ·- ·		
			Add  3 V SEEmove	
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		<u></u>	Remove	
			Add	
			Remove	

). If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	*
	·
ated SEPT	EMBER 3 2013
aicu	Brit Coull
	Signature of a member or authorized representative of a member
BF	RIAN J CASWELL
	Typed or printed name of signee

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Filing Fee: \$25.00

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