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(Re	equestor's Name))		
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COVER LETTER

Division of Cor	porations		
SUBJECT:		ESIGN LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	WILLIAM HEN Name of Person	RY
	•	Name of Person	
	RG	A DESIGN LLC Firm/Company	_
		Firm/Company	
	600 50 N	MAGNOLIA AVE Address	#375
		Address	
	7,	AMPA FL 334 City/State and Zip Code	206
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all:	
E. WIL	HAM HENRY	at (<u>B/3</u>) 226- Area Code Daytim	1220
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

RGA DE	SIGN LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13000054 25</u> 2	were filed on $\frac{2/22/1}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 	
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE BOX)		
	 ,-	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	· -	enter the name of the new
		17 J
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	S S S
	. Flori	100 H
	City , F1011	Zip Code
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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

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 **Type of Action** Title **Address** Name MICHAGL E. HENRY LOOSO MAGNOLIA AVE #3750 Add TAMPA FL 33606 Remove ☐ Change MGRM E. WILLIAM HENRY 6005. MAGNOLIA AVE #315 NAdd TAMPA FL 33606 ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove Change

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record specifies a delay he 90th day after the re			but not a	n effective	time, at 12:	01 a.m. or	the e	earlie
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Filing Fee: \$25.00