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DEPARTMENT OF STATE

OCT 28 2014 D. BRUCE



ION SERVICE COMPANY		
ACCOUNT NO.	: 12000000195	
REFERENCE	: 351904 10910A	
AUTHORIZATION	Spell de man	
COST LIMIT	: 0\$ 25.00	
ORDER DATE : October 27, 2014		
ORDER TIME : 10:29 AM		
ORDER NO. : 351904-005		
CUSTOMER NO: 10910A		
NAME: SIGNSTAR LLC EFFECTIVE DATE:	MENDMENT FILING	2014 OCT 27 AM 9:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO	DRPORATION	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING	
CONTACT PERSON: Courtney Willi	iams EXT# 62935	

EXAMINER'S INITIALS:

COVER LETTER

	Registration ! Division of Co					
CLUBARA		TAR LLC				
SUBJEC	.l:	Name of Lin	nited Liability Company			
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	condence concerning this matter	to the following:			
		WILLIAM WEISMAN	N			
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		WEISMAN, BRODII	E, STARR & MARGOLIES,	PA		
			Firm/Company			
		140 N. FEDERAL H	IGHWAY, SUITE 200	-		
			Address			
		BOCA RATON, FL	33432			
			City/State and Zip Code	· · · · · ·	28	
		WWEISMAN@WBS			2014 OCT	
		E-mail address:	to be used for future annual report notifi	ication) .		a. p. irris (f
For furth	er information	concerning this matter, please of	call:		75.27 75.88 75.88	1
WILLIA	AM WEISM	AN ·	561 241-6336			## 145 Year #4
	Name	of Person	Area Code Daytime	Telephone Number	9: 17 STATE S LONIDA	Takener (
Enclosed	l is a check for	the following amount:				
\$25.0	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 Sta Certified Copy (additional copy is en	tus &	

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

SIGNSTAR LLU		
(Name of the Limited Liab (A Flori	llity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000105291	Company were filed on JULY 25, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	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 ADD	DRESS)	
		201 N
Enter new mailing address, if applicable:		100 N
(Mailing address MAY BE A POST OFFICE BOX)		1. 2.2
		20 10 (%)
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JACKIE MANSFIELD	C/O TRISTAR CAPITAL	= Add
		590 MADISON AVE., 21ST FLOOR	☐ Remove
		NEW YORK, NY 10022	
			D Add
			Remove
			·
			□ Remove
		······································	
			D'Remove CO
			— SS 27
			9.
			D Remove-1
 -			🗆 Add
			Remove

D.	. If amending any other information, enter change(s) here: (Attach additional sl	(Attach additional sheets, if necessary.)	
		·	
E.	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more	(optional)	
	the date this document is filed by the Florida Department of State)	•	
	Daitti		
	Signature of a member or authorized representative of a m WILLIAM WEISMAN MANAGER	ember	
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

2014 OCT 27 AM 9: 17