1300/24861

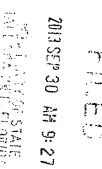
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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J. SAULSBERRY EXAMINER OCT 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

, All About Signs of Jax, 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:

Name of Person

All About Signs of Jax, LLC

Firm/Company

12721 N. Main Street

Address

Jacksonville, FI, 32218

City/State and Zip Code

allaboutsignsllc@gmail.com

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

For further information concerning this matter, please call:

Amber Blue

_.904683-3157

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

All About Signs of Jax, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on ou la Limited Liability Company)	<u>ir records.</u>)
The Articles of Organization for this Limited Liability Florida document number 600254920966	Company were filed on 09/03/20	2013 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		ANIB SEP
		SE
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
		2
B. If amending the registered agent and/or registered agent and/or the new registered office a		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Flo	rida street address
		, Florida
	City	Zip 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 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.

New Registered Agent's Signature, if changing Registered Agent:

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
MGRM	Nicole Brown	12721 N. Main St.	Add
			Remove
MGRM	Kory S Blue	12721 N. Main St.	Add
			Remove
-			Add
			Remove
			Tadd Ta
	The second secon		Remove
		·	9: 27 OPHOA
			Add
			· · · · · ·
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(001000000000000000000000000000000000000
Dated	September 23, 2013
	$^{\prime}$
	(Math 1)
	Signature of a member or authorized representative of a member
	Annhar Quile
	TIMOR DIVC
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 30 AM 9: 27