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B. BOSTICK
SEP **2 9** 2014

COVER LETTER

TO: Registration Se Division of Corp				
SUBJECT: Sign	Express LLC			
SUBJECT:	<u> </u>	ited Liability Company	.	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Jesse Carrio	ck		
•		Name of Person	ar my et deducte me	
		Firm/Company		
	2107 Vally F	Rd		
		Address		
	Grant Valka	ria, FL 32950	.1	
		City/State and Zip Code		
	jesse@cobagrap	hics.com to be used for future annual report	notification)	
For further information co	oncerning this matter, please c	-	inomication)	
Jesse Carri	ck	_{at} 321, 890	-8514 ytime Telephone Number	O
Name of	Person	Area Code Day	ytime Telephone Number	
Enclosed is a check for th	e 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

Sign Express LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 1/30/2014 and assigned
Florida document number L14000017162	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
Coba Graphics LLC	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or 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)	- 1 H H
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
-	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Remove
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			□ Remove
			· · · · · · · · · · · · · · · · · · ·
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			☐ Remove

	i, enter change(s) here: (Attach additional sheets, if	necessury.)
·•		
	prior to date of receipt or filed date and cannot be more than 90 d	ptional) ays after
me date this document is filed by the Florida	Department of State)	
•	2014	
the date this document is filed by the Florida Dated September 22	•	
Dated September 22	•	
Dated September 22	2014	

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Filing Fee: \$25.00