L14 0000 39711

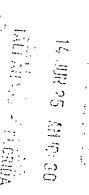
(Requestor's Name)				
(<u>A</u> c	ldress)			
(//-	iuiess)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(D				
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700261376077

06/25/14--01026--003 **25.00



COVER LETTER

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

Name of the Limited Liability Companied Limited Limite	Signs LLC y as li now appears on our records.)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1400039711</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and end with the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.C." 1861 11 th 5 T SW LARGO, FC 33778			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	52 Meadow Drive Stanards Ville, Va 22973			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent: New Registered Office Address: /86/	nette Bingler 3			
LAR	Enter Florida street address GO, Florida FC 33778 City 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 = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Remove
			Add
			□ Remove
···			
			□ Remove
			<u>्</u> ज
			Add TTT
			Remove
			☐ Add
			☐ Remove

If amending a	any other information, enter change(s) here: (Atta	ch additional sheets, if necessary.)
Effective date (The effective date the date this docu	e, if other than the date of filing: = must be specific, cannot be prior to date of receipt or filed date aument is filed/by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated	<u>6/19/2014</u> . USA	
	Signature of a member or authorized rep	presentative of a member
-	Michelle L.	Nielsen
	Typed or printed name of	of signee

Page 3 of 3

Filing Fee: \$25.00