

L140000067688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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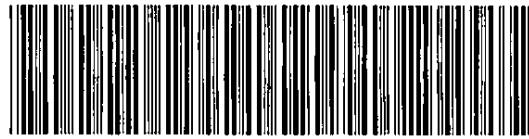
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JACKSONVILLE, FLORIDA

JUL 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EGAMAD 23, 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:

Christopher Cestero
Name of Person
EGAMAD 23, LLC
Firm/Company
246 AFTON SQ # 203
Address
ALTAMONTE SPRINGS, FL 32714
City/State and Zip Code
kristyjones1818@gmail.com
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Cestero 770 864-4020
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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~~ D
~~Division of Corporations~~
~~Clifton Building~~ 1
2661 Executive Center Circle
Tallahassee, FL 32301 1

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EGAMAD 23, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/25/2014 and assigned Florida document number LI4000067688

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DAMAGED SIGNAL SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Kristy Cestero

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1990 Main Street

Suite 750 Room B500

Sarasota, FL 34236

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:

Kristy Cestero

New Registered Office Address:

1990 Main Street Suite 750 Room B500

Enter Florida street address

Sarasota

Florida 34236

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kristy Cestero	1990 Main Street Suite 750 Room 1	<input checked="" type="checkbox"/> Add
		246 Afton Sq # 203 Altamonte Spri	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mr	Christopher Cestero		<input type="checkbox"/> Add
		246 AFTON SQUARE # 230 Altan	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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POLICE OFFICE OF FLORIDA

17 JUL 12 AM 11:43
COMMUNICATIONS SECTION
FLORIDA

17 JUL 12 AM 11:49
GAIL KASSIE, FLORIDA

Effective date, if other than the date of filing, _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7-11 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee