## 14000082340

(Requ	uestor's Name)	_
(Addı	ess)	
(Addi	/229°	
(1.00.	000,	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doo	ument Number)	
(000)	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ilina Officer	
opedial matructions to 1	illing Officer.	
		ļ

Office Use Only



900385973589

07/25/22--01006--001 \*\*95.00

-1533150 -1635445750 5511 6461 53.00 16012 -51065--001 7005--531 -+25.06

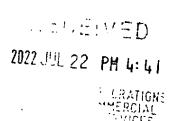
677 257 22 - PU3 005 - - 651 -

## **COVER LETTER**

TO: Registration Se Division of Cor						
SUBJECT: Signsofhop	•	•	RECEIVED			
SUBJECT: Gighsomop		nited Liability Company				
		,	2022 MAY 10 AM 7:52			
The enclosed Articles of	Amendment and fee(s) are sub	nnitted for filing.	SECRETAIN A OF STATE TALLAHASSEE, FL			
Please return all correspo	ondence concerning this matter	to the following:				
	Samuel McKinnon					
		Name of Person				
	Signsofhope.biz.LLC					
	,	Firm/Company				
	1411 Clary Sage Lane					
		Address				
	Niceville, FL 32578					
		City/State and Zip Code				
	gmckinnon1@cox.net					
	E-mail address: (	to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
Samuel McKinnon		at (850 ) 865-7062				
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration S Division of C		Registration Section Division of Corporations				
P.O. Box 632		The Centre of T	-			
Tallahassee, I			e Street, Suite 810			

Tallahassee, FL 32303





July 11, 2022

SAMUEL MCKINNON 1411 CLARY SAGE LANE NICEVILLE, FL 32578

SUBJECT: SIGNSOFHOPE.BIZ LLC

Ref. Number: L14000082340

We have received your document for SIGNSOFHOPE.BIZ LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 022A00015375

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Signsofhope.biz LLC	2022 JUL 22 AM 8: 21
(Name of the Limited Liability Company as it now appears of (A Fforida Limited Liability Company)	SECRETARY OF CTATE
	SECRE PARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on May	21, 2014 and assigned
Florida document number L14000082340	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
Signsofhope.com LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	gnation "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)	
B. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new register
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	

## 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.

City

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 = 1	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			[] Change
			□Add
			□Change
			□Add
			□Change
			🗀 Add
			□Remove
		[]Chang	□Change
	<u></u>		□ Add
			⊡Remove
			☐Change
			🗀 Add
			□Remove
			1716 homen

					·		-
		<del></del>	· · ·			***	-
							_
	<del></del>	-			· · ·		=
<del></del>				<del></del>			-
							_
				**	<del></del>	<u> </u>	-
							-
							_
		ru-ru a					-
				•	; ∏ <del></del> > c		-
					ALL		
			***		λ HAS	<b>22</b>	
	******						
	<del> </del>					₩ <b>2</b>	Ċ
					73	1	
-		<del> </del>	<del></del>			r	=
Fective date, if other than the neffective date is listed, the date in this cument's effective date on the	iust be specific and block does not m	cannot be prior t neet the applica	o date of tiling o ble statutory fi	r more than 90 da ling requiremen	( <b>optional)</b> ys after filing.) Purs nts, this date will	suant to 60: not be list	5,0207 ted as
ecord specifies a delayed effect is filed.	ive date, but not	an effective tin	ne, at 12:01 a.r	n, on the carlie	r of: (b) - The 90u	h day afte	er the
		2022	_ •				
ted May 7							
ed May 7  Samuel S	X Moto	hman					