

L14000102832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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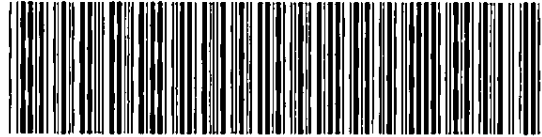
(Business Entity Name)

(Document Number)

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A. RIVERS
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Action Signs & Graphics Too

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:

Brett Olman

Name of Person

action signs & graphics too llc

Firm/Company

2085 andrea ln. unit 9

Address

Ft. Myers FL 33912

City/State and Zip Code

jenn@action-signs.com

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

For further information concerning this matter, please call:

Brett Olman

239 482 0079
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Action Signs & Graphics Too

(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 september 6th 2023 and assigned
Florida document number L14000102832.

This amendment is submitted to amend the following:

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

Action Signs 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:

2085 andrea Ln unit 9

(Principal office address MUST BE A STREET ADDRESS)

Ft. Myers, FL 33912

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Brett Oltman

New Registered Office Address:

2085 andrea ln. unit 9

Enter Florida street address

Fort Myers

, Florida

33912

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>
<u>AMBR</u>	<u>Jennifer Oltman</u>	<u>242 tangerine dr. Ft myers FL 33912</u>	<input type="checkbox"/> Add
		<u>deceased</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Brett Oltman</u>	<u>2085 andrea Ln unit 9</u>	<input checked="" type="checkbox"/> Add
		<u>Ft. Myers, FL 33912</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Change

[illegible]

(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.

Brett Johnson
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR
LEE COUNTY, FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

Case No.: 23-CP-001679

JENNIFER JO OLTMAN,
Deceased. /

Judge: Leigh Frizzell Hayes

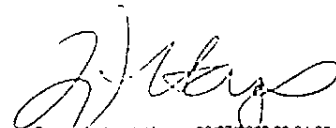
LETTERS OF ADMINISTRATION

WHEREAS, JENNIFER JO OLTMAN, a resident of Lee County, Florida, died on October 5, 2022 , owning assets in the State of Florida, and

WHEREAS, BRETT OLTMAN has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Court Judge, declare **BRETT OLTMAN** duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of **JENNIFER JO OLTMAN**, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover, and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE AND ORDERED at Fort Myers, Lee County, Florida.


eSigned by Leigh Hayes 06/07/2023 08:34:36 hxDwF10K

Electronic Service List
Theresa Daniels <tad@daniclawpa.com>
Theresa Daniels <jcm@daniclawpa.com>