

L14000168954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

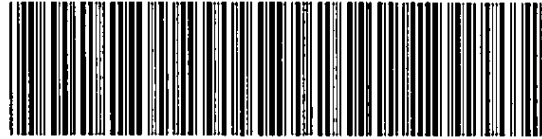
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 01 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2018

GERALD ADAMS
FAST TAX INC
113 N FEDERAL HWY
DANIA BEACH, FL 33004

SUBJECT: SIGNMAKER ADVERTISING LLC
Ref. Number: L14000168954

We have received your document for SIGNMAKER ADVERTISING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 018A0001947

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DIVISION OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGN MAKER ADVERTISING 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:

GERALD ADAMS

Name of Person

FAST TAX INC

Firm/Company

113 N FEDERAL HWY

Address

DANIA BEACH, FL 33004

City/State and Zip Code

GERALDADAMS@FASTTAXREFUND.COM

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

For further information concerning this matter, please call:

GENEVEIVE SEIDE

954 923-1040

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

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

SIGNMAKER ADVERTISING 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 10/30/2014 and assigned
Florida document number L14000168954

This amendment is submitted to amend the following:

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

CRAZY FOX DIGITAL 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:

(Principal office address MUST BE A STREET ADDRESS)

9045 LA FONTANA BLVD STE 220

BOCA RATON, FL 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9045 LA FONTANA STE 220

BOCA RATON, FL 33434

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:

Enter Florida street address

City

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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2018 SEP 24 AM 11:36

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/06/2018

Катрин

Signature of a member or authorized representative of a member

KEVIN PEYPER

Typed or printed name of signee