

415000007932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000268415360

01/20/15--01048--011 **60.00

FILED
15 JAN 20 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT

Amending the name only.

Promulgate Group LLC -to- EZ Outdoor Signs LLC

(All other information remains the same.)

I have included \$60.00 for-

1. Filing Fee
2. Certificate of Status
3. Certified Copy.

Besides receiving my hardcopies thru the mail, if possible, please email copies to herbie305@yahoo.com so I may open a business bank account.

Thanks

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ OUTDOOR SIGNS 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:

HERBIE LOVE

Name of Person

EZ OUTDOOR SIGNS LLC

Firm/Company

14790 SW 88 STREET # 1412

Address

Miami, Florida 33196

City/State and Zip Code

HERBIE305@YAHOO.COM

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

For further information concerning this matter, please call:

HERBIE LOVE

at (786) 315-3849

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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PROMULGATE GROUP 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 January 14, 2015 and assigned
Florida document number L15000007932.

This amendment is submitted to amend the following:

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

EZ OUTDOOR SIGNS LLC

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

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

FILED
15 JAN 20 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

HERBIE LOVE

New Registered Office Address:

NA

Enter Florida street address

NA

City

NA

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.

N/A

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 16, 2015

Signature of a member or authorized representative of a member

HERBIE LOVE

Typed or printed name of signer

FILED
15 JAN 20 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA