

L15000009094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

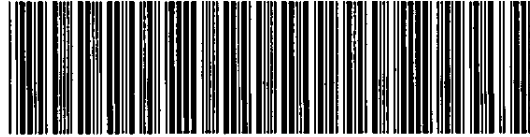
(Document Number)

Certified Copies _____ Certificates of Status _____

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Kathleen *DAY*
BY PHONE TO
CONNECT *B - address*
DATE *5/22/15*
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FILED
2015 MAY 21 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 22 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREATIVE CUSTOM 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:

KATHLEEN MURPHY

Name of Person

CREATIVE CUSTOM SIGNS LLC

Firm/Company

548 MARY ESTHER CUTOFF STE 18 PMB 330

Address

FORT WALTON BEACH, FL 32548

City/State and Zip Code

creativesignsfwb@gmail.com

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

For further information concerning this matter, please call:

KATHLEEN MURPHY

850 830-7945
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 MAY 21 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CREATIVE CUSTOM SIGNS 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 1/15/2015 and assigned
Florida document number L1500009094.

This amendment is submitted to amend the following:

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

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)

548 MARY ESTHER CUTOFF, STE 18 PMB 330

FORT WALTON BEACH, FL 32548

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:

FRANCIS MICHAEL ROSNICK

New Registered Office Address:

548 Mary Esther Cutoff, ste 18

Enter Florida street address

Fort Walton Beach Florida 32548

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>
AMBR	FRANCIS MICHAEL ROSNICK	901 SHORT LEAF CT	<input checked="" type="checkbox"/> Add
		FWB, FL 32548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AARON LEE HUTTON	901 SHORT LEAFF CT, FWB, FL	<input type="checkbox"/> Add
		FWB, FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PHONE NUMBER IS 850-830-7945

I FRANKIS MICHAEL ROSWICK AM FAMILIAR WITH
AND ACCEPT THE OBLIGATIONS OF AUTHORIZED MEMBER
OF CREATIVE CUSTOM SIGNS LLC

2015 MAY 21 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED


E. 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)

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.

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 MAY 18, 2015


Signature of a member or authorized representative of a member

KATHLEEN MURPHY

Typed or printed name of signee