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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DUBLINSIGNS, 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:
Charity H. Dublin Name of Person
Dublin Interpreting, LLC Firm/Company
10986 Chippewa Way
Pensacola, FL 32534 City/State and Zip Code Chanty dublin @ yaha. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charity Dublin at (850) 380 - 1298 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

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 Florida

A month of material of the sales Destate and A month

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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.

AIG

If Changing Registered Agent, Signature of New Registered Agent

r amendin or removed	from our records:	zed to manage, <u>enter the title, name, and</u>	d address of each person being ac	
MGR = Manager AMBR = Authorized Member				
<u> </u>	<u>Name</u>	Address	Type of Action	
				
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Effective date, if other than the date of filing: May 1, 2017 (If an effective date is listed, the date must be specific and cannot be pffor to date of filing or more than the date inserted in this block does not meet the applicable statutory filing reconstruction of the Department of State's records.	(optional) han 90 days after filing.) Purs quirements, this date will	suant to 605.0207 not be listed as
the record specifies a delayed effective date, but not an effective time) The 90th day after the record is filed.	e, at 12:01 a.m. on t	he earlier of
Dated April 29, 2017.		
Signature of a member or authorized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00