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### **COVER LETTER**

то:	Registration Sec Division of Corp			, w <sub>1</sub> . 29	÷	
SUBJEC	CT:	The Sign	lature ne of Linsted I	Look Liability Company		
The encl	losed Articles of A	mendment and fee(s)	are submitte	d for filing.		
Please re	eturn all correspon	dence concerning this	s matter to the	e following:		
			Lui	S CruZ Name of Person		
				ignature ( Firm/Company 31. E. Apt.		
		955 <del>53</del> 11	9 414	Address	325 E-(L.	
		Brac	den ton Ci	FC. 3420 Sty/State and Zip Code	8	
		Luis E-mail	O He 5) iddress: (to be	gnature look	cport notification	1)
For furtl	ner information co	ncerning this matter,	please call:			
	Luis (	Person		at ( <u>941</u> ) Area Code	799- 2 Daytime Telep	5706 Ohone Number
Enclose	d is a check for the	e following amount:				
\$25.	.00 Filing Fee	S30.00 Filing Fe Certificate of S	e& □ Status	1 \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$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

The Signature	Look	
(Name of the Limited Liability Compa (A Fiorida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000 203 407</u> .	were filed on $\frac{12}{7}/\frac{15}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words of imited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	955 53th 51. E.	Apt. 325
(Principal office address MUST BE A STREET ANDRESS)	Bradenton Fl. 342	208
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	955 53 <sup>rd</sup> 51.8.A Bradenton F1.34	p1. 325 20-8
B. If amending the registered agent and/or registered of registered agent and/or the new registered of the least types here.		SE neme of the new
Name of New Registered Agent:		
New Registered Office Address:		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Enter Florida street address	<b>8</b>
<del>-</del> -	, Florid	aZip Code
	City	zip Coae

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

I hereby accept the appointment as registered  $a_S$ , at 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Luis Cm2	955 53rd 51.8. #325	🗹 Add
		Bradenton Fl. 34208	□ Remove
			Change
			Add
			Remove
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e <b>ctive date, if</b>     effective date is l	other than the date listed, the date must be sp	e <b>of filing:</b> pecific and c	rannot <b>be pri</b>	or to date of i	iling or more	than 90 days at	<b>tional)</b> ter filing.) Pursu	ant to 60:
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