# LI6 0000 57093

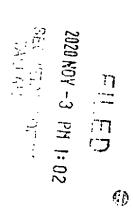
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100354041501

11/08/20--01026--029 ++25.00



LA: 12/11/20

## **COVER LETTER**

TO: Registration Division of	on Section Corporations		
SIGI	NATURE SENIOR PLA	ACEMENT, LLC	
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Kristen King Jaiven, Esq.		
		Name of Person	
	SIGNATURE SE	NIOR PLACEMENT, L	LC
		Firm/Company	<del></del>
	6699 North Federal Highw	vay; Suite 103	
	Boca Raton, FL 334	Address 97	
	kristen@quadcompanies.co	City/State and Zip Code m	-
	E-mail address: (	to be used for future annual report noti	fication)
	on concerning this matter, please ca	all:	
Kristen King Jaiven.	, Esq.	561 300-6921	
Nai	me of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e □ \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SIGNATURE SENIOR PLACEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)

1	A Fiorida Lamined	Liaminty Company)		
The Articles of Organization for this Limited Lia	bility Company	were filed on 03/21/20	16	_ and assigned
Florida document numberL16000057093	_ <del></del> .			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liah	nility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "l	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:		<u> </u>	20
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	20 <u>xo</u>
				<del>-</del> 3 . <del>-</del>
Enter new mailing address, if applicable:		6699 North Federal	Highway 🤶	PR III
(Mailing address MAY BE A POST OFFICE BOX)		Suite 103		<del></del>
		Boca Raton, FL 3348	37	20 (
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:			ter the name o	of the new regist
Name of New Registered Agent:	6600 Nooth 12	ND Change		, <u></u> .
New Registered Office Address:	OOSS DOUBLE	deral Highway; Suite 103  Enter Florida street add	dress	<u> </u>
	Boca Raton		Florida 33480	7
		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 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>	Address	Type of Action
MGR	Jack Jaiven	6699 North Federal Highway; Suite 103	
		Boca Raton, FL 33487	□Add
			□Remove
		6699 North Federal Highway; Suite 103	
MGR	Ben Schachter	Boca Raton, FL 33487	🗷 Change
			□Add
			□Remove
			🖟 Change
		-	□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			_ Change
			□Add
			□Remove
			_ □Change

	·		
	·		
			<del>-</del>
		· , <u> </u>	
		<u> </u>	
			·
		<del></del>	· <u>-</u>
	<del>-</del>		
<del>-</del> 2			
	·		
· . <u>-</u> .	-	<del> </del>	<del></del>
			<del></del>
	<u></u>	<del></del>	
	date of filing:	(optic	onal)
Tective date, if other than the	be specific and cannot be prior to c	date of filing or more than 90 days after	filing.) Pursuant to 605.0207
ote: If the date inserted in this blo	ock does not meet the applicable partment of State's records.	ic statutory triing requirements, this	date will not be listed as
ote: If the date inserted in this blood ocument's effective date on the De record specifies a delayed effective	epartment of State's records.	e, at 12:01 a.m. on the earlier of; (b	date will not be listed as
is filed. October 29	epartment of State's records.  e date, but not an effective time  2020		date will not be listed as
ote: If the date inserted in this bloocument's effective date on the Decreeord specifies a delayed effective is filed.  October 29 ated	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b	date will not be listed as  The 90th day after the
ote: If the date inserted in this bloocument's effective date on the Decreeord specifies a delayed effective is filed.  October 29 ated	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b	date will not be listed as  The 90th day after the
ote: If the date inserted in this bloocument's effective date on the Decreeord specifies a delayed effective is filed.  October 29 ated	e date, but not an effective time		date will not be listed as  The 90th day after the