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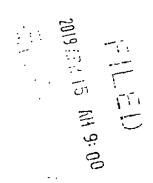
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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04/15/19--01008--009 ++25.00



Amend

APR 2 3 7019

I ALBRITTON

COVER LETTER

Division of Co	rporations		
SUBJECT:	BUNDY SIGNS LI	.c	
3000ECT.		ited Liability Company	
Fhe enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		CARLOS CORIA	
		Name of Person	
		BUNDY SIGNS LLC	
		Firm/Company	
	4556 HIATUS RD		
	- "	Address	
	SUNRISE, FL 33351		
	BUNDYSIGNS@GMAIL.	City/State and Zip Code	
	-	to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
CARLOS CORIA		954 806-5268	
Name	of Person	at () Area Code Daytime `	Telephone Number
Enclosed is a check for t	he 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

Registration Section

TO:

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

20/0/15 All 9:00

BUNDY SIGNS LLC

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

(A Fioriga Limite	d Liability Company)	Ç.
The Articles of Organization for this Limited Liability Compart Florida document number	ny were filed on 05/13/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4556 HIATUS RD	
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33351	
Enter new mailing address, if applicable:	4556 HIATUS RD	
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33351	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the nev
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida
	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	GINGER LEDEZMA	990 CORAL RIDGE DR APT 203	
		CORAL SPRINGS, FL 33071	■ Remove
			Change
MGR	SET ACOSTA	4556 HIATUS RD	= Add
		SUNRISE, FL 33351	Remove
			Change
			
			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change
			□ Remove
			□ Change
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			☐ Change

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	re date, if other than the date of filing: (optional) ctive 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 605.03
<u>e:</u> 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ıme	nt's effective date on the Department of State's records.
ecc ie '	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	· · · · · · · · · · · · · · · · · · ·
ed _	APRIL 06 2019
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00