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Division of Corporations



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\_\_\_\_\_ . . . . . . . . . . . . To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: kathy@apiprocessing.com 5 <u>;)</u> []] -----LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 22 AUG 25 2822 AU: 25 YSL SIGNS & EMBROIDERY, LLC 0 Certificate of Status 0 Certified Copy PH 04 Page Count ÷ \$25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YSL Signs & Emb ( <u>Name of the Limited Liability Company</u> (A Fiorida Limited Lia		n our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL16000139338 This amendment is submitted to amend the following:	rere filed on	July 25, 2016	and assigned
A. If amending name, <u>enter the new name of the limited liabili</u> YSL Signs & Electrical, LLC The new name must be distinguishable and contain the words "Limited Liability			reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		2022 1320	1 1 1
New Registered Office Address:			AP
	Enter Florida street address	5	PRO
	, Florida	Zip-Code	
New Registered Agent's Signature, if changing Registered Agent:			<b>L</b> .

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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

# MGR – Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is lesten, the date mest be specific and cause the prior to date of filing or more than '20 days after filing.) Pursuan to 505,0207 (3)(b) Nate: 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 recard is filed.

Dated 1 8-24	<u>()</u> , <u>202</u> -	
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Filing Fee: \$25.00

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