## L16000142422

(Re	questor's Name)	
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2/8/21

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations			
0115 III OT	SIGNATUE	RE TECH LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		IBRAHIM AYYAD			
			Name of Person		
			Firm/Company	<del></del>	
		P O BOX 17899			
			Address	<del></del>	
		PENSACOLA, FL 32522			
			City/State and Zip Code		
		adhamismylove@gmail.con  E-mail address; (4)	n to be used for future annual report not	fication)	
For further in	nformation co	oncerning this matter, please ca			
ibrahim ayy	ad		850 723-0425		
	Name of	Person	at () Area Code Daytin	e Telephone Number	
Enclosed is a	i check for th	e following amount:			
<b>\$25.00 B</b>	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)	
	iling Address		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 6327		The Centre of T	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE TECH LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on or Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Compan lorida document number 1.16000142422	y were filed on <u>7/29/2010</u>	6 and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		2021
		JAN TI
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<b>₽</b>
		- F
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<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our record	s, enter the name of the <b>new</b> regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida Zip Code

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	JAWAD AYYAD	8963 PENSACOLA BLVD	
		PENSACOLA, FL 32524	<b>=</b> Remove
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			□Remove
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ffective date, if other than the date of filing:	tional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft lote: If the date inserted in this block does not meet the applicable statutory filing requirements, if	ter filing.) Pursuant to 605.0 his date will not be listed	201 Las
ocument's effective date on the Department of State's records.	out with the transfer	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: d is filed.	(b) The 90th day after t	the
2.13 med.		
Pated Feb 26 . 2020		
Signature of a member of authorized representative of a member		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee