## L16000181354

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Account#: I20000000088

Date:	03/13/2020	
Name:		
	#:1198227	<u></u>
Entity Nam	e:COMPLI	ANCESIGNS, LLC
☐ Artic	cles of Incorporation/Authorization	on to Transact Business
<b>√</b> Ame	endment	
☐ Cha	nge of Agent	د. س
☐ Reir	nstatement	်ပ •••
Con	version	. •
☐ Mer	ger	· ·
Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized Signature:	Amount: \$25.00	

F: B00.944.6607

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## COMPLIANCESIGNS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 9/28/2016 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L16000181354 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SIGN GATE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

. Florida

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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n effective dat <u>te:</u> If the da	te is listed, the date r ate inserted in this	nust be specific and ear block does not mee Department of State	nnot be prior to date t the applicable st	atutory filing requir	ements, this date	Pursuant to 605,026 will not be listed a
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Typed or printed name of signee

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