

LN000211911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

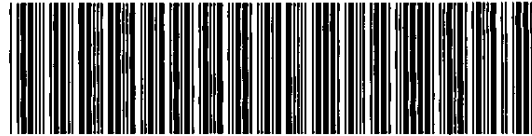
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 0, 2025

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGNATURE TOUCH, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NADEGE JACKSON

Name of Person

Signature Touch, LLC

Firm/Company

5007 N. Hiatus Road

Address

Sunrise, Florida 33351

City/State and Zip Code

nadegevedrine@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadege Jackson

954 305-0169
at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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**

SIGNATURE TOUCH, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/18/2016 and assigned
Florida document number L16000211911.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

Signature Touch, LLC

5007 N. Hiatus Road

Sunrise, Florida 33351

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:

Nadege Jackson

New Registered Office Address:

5007 N. Hiatus Road

Enter Florida street address

Sunrise

Florida 33351

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.

Nadege Jackson

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nadege Jackson	5007 N. Hiatus Road	<input checked="" type="checkbox"/> Add
		Sunrise, Florida 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Renette Vedrine	5007 N. Hiatus Road	<input type="checkbox"/> Add
		Sunrise, Florida 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Diane Cazimir	5801 NW 56th Place	<input type="checkbox"/> Add
		Tamarac, Florida 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Widney Moise	5801 NW 56th Place	<input type="checkbox"/> Add
		Tamarac, Florida 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natasha DeFrاند-Petit	5801 NW 56th Place	<input type="checkbox"/> Add
		Tamarac, Florida 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jolie Seide	5801 NW 56th Place	<input type="checkbox"/> Add
		Tamarac, Florida 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove AMBR Nadege Vedrine Address: 5801 NW 56th Place, Tamarac, FL 33319

(Correct name added above- Nadege Jackson)

EIN: 82-0682672

FILED
17 MAY - 1 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 04/24/2017 (optional)

(If an effective 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 605.0207 (3)(b)

Note: 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 record is filed.

Dated April 25th, 2017.

Nadege Jackson

Signature of a member or authorized representative of a member

Nagede Jackson

Typed or printed name of signee