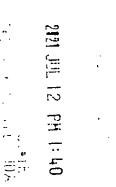
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## **COVER LETTER**

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SIGNS & GRAPHICS, LLC		
Name of Lin	nited Liability Company	<del>-</del>
f Amendment and fee(s) are sub	omitted for filing.	
CARMONA, SERGIO		
	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Firm/Company	
	Name of Limited Liability Company  and fee(s) are submitted for filing.  erming this matter to the following:  DNA. SERGIO  Name of Person  Firms*Company  Address  V 72 AVE:  City*State and Zip Code  AC, FL 33321  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (  Area Code Daytime Telephone Number)  amount:  D Filling Fee & S55.00 Filing Fee & Daytime Telephone Number  amount:  O Filling Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section	
6303 NW 72 AVE		
TAMARAC, FL 33321		
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	SIGNS & GRAPHICS, LLC  Name of Lin  f Amendment and fee(s) are subsondence concerning this matter  CARMONA, SERGIO   TAMARAC, FL 33321  E-mail address: concerning this matter, please of Person  the following amount:  □ \$30,00 Filing Fee &	SIGNS & GRAPHICS, LLC  Name of Limited Liability Company  f Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:  CARMONA, SERGIO    Name of Person

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now ap Liability Compai	pears on ou iy)	i <u>r records.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on			and assigned
Florida document number L17000069363				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company	v here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," t	he designat	on "LLC" o	
Enter new principal offices address, if applicable:		<u>-</u>		JULI
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				·•
3. If amending the registered agent and/or registered office a	iddraec an au	r engred	antar th	a numa of the now roui
gent and/or the new registered agent and/or registered office address here:	idar ess on ou	ir records	s, <u>cirrer in</u>	e name or the new regr
Name of New Registered Agent:	<u>.</u>	····		
New Registered Office Address:				
4	Enter .	Florida sir.	et address	•
			Flori	da
	City			Zin 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 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>	Address	Type of Action
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		TAMARAC, Fl. 33321	≣Remove
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ective date, if other than	the date of filing	,.		14	ptional)	
effective date is listed, the date set. If the date inserted in this ument's effective date on the	must be specific and is block does not n	cannot be prior to eet the applica		iore than 90 days	after filing.) Pi	
cord specifies a delayed effe s filed.	ective date, but not	an effective (m	nc, at 12:01 a.m.	on the earlier o	ť: (b) – ľbe v	Oth day after the
ed MAY 13	·	2021	<i>[]</i>			
	4.	to MU	ized representative			

ent to each

Typed or printed name of signee