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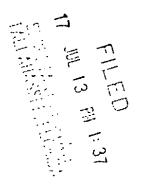
| uestor's Name)                          | <del>.</del>   |  |  |
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| ess)                                    | -  |  |  |
| ess)                                    |  |  |  |
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| ☐ WAIT                                  | MAIL   |  |  |
| ness Entity Na                          | me)  |  |  |
| (Document Number)                       |  |  |  |
| Certificate                             | s of Status  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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|   | ess)  State/Zip/Phon  WAIT  mess Entity Nament Number)  Certificate: |  |  |

Office Use Only



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07/18/17--01024--006 \*+25.00



## **COVER LETTER**

TO:

|              | gistration Sec<br>vision of Corp |  | <b>₽</b> *   |  |        |
|--------------|----------------------------------|--|--|--|--------|
| uin ir cr    | MARATHO                          | N SIGN BOSS LLC  |  |  |        |
| SUBJECT      | :                                | Name of Limi   | ted Liability Company  |  |        |
| The enclose  | ed Articles of A                 | Amendment and fee(s) are sub   | nitted for filing.   |  |        |
| Please retur | n all correspor                  | ndence concerning this matter  | o the following:   |  |        |
|              |                                  | FRANCHESCA A JENKII  | YS   |  |        |
|              |                                  |  | Name of Person   |  |        |
|              |                                  | MARATHON SIGN BOSS   |  |  |        |
|              |                                  |  | Firm/Company   |  |        |
|              |                                  | 2315 OVERSEAS HWY  |  |  |        |
|              |                                  | -  | Address  |  |        |
|              |                                  | MARATHON, FL 33050   |  |  |        |
|              |                                  |  | City/State and Zip Code  |  |        |
|              |                                  | FRANCHESCA@MARAT   | HONSIGNBOSS.COM  o be used for future annual report notification   | on)  |        |
| For further  | information co                   | oncerning this matter, please ca   |  | ,  |        |
| FRANCHE      | ESCA A JENK                      | INS  | 305 453-6970   |  |        |
|              | Name of                          | Person   | at ()<br>Area Code Daytime Tele  | ephone Number  |        |
| Enclosed is  | a check for the                  | e following amount:  |  |  |        |
| \$25.00      | Filing Fee                       | □ \$30,00 Filing Fee &<br>Certificate of Status                                | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certificate of Status & Certified Copy (additional copy is enclosed) | 7 ニ ヤー |
|              | Registra<br>Division<br>P.O. Bo  | NG ADDRESS:<br>ation Section<br>t of Corporations<br>tx 6327<br>ssee, FL 32314 | STREET/COURIER A<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center | ns W   |        |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARATHON SIGN BOSS LLC

company has been notified in writing of this change.

| (A Florid  | da Limited Liability Com                   | pany)  |   |
|--|--|--|---|
| The Articles of Organization for this Limited Liability Organization for this Liability Organization f |  | on APRIL 18 2017                                   | and assigned                                    |
| This amendment is submitted to amend the following:  |  |  |   |
| A. If amending name, enter the new name of the lim   | nited liability compa                      | nny here:  |   |
| The new name must be distinguishable and contain the words "Lir  | mited 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 ADD   | (RESS)                                     |  |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address and/or the new registered office address.  |  | ess on our records, <u>e</u>                       | nter the name of the new                        |
| Name of New Registered Agent:  |  |  |   |
| New Registered Office Address:   |  |  |   |
|  | En.  | ter Florida street address                         | <b>3</b> . <b>3</b>                             |
| <del></del>  | City                                       | , Florid   | a Zip Code                                      |
| New Registered Agent's Signature, if changing Registere  | ed Agent:                                  |  | 5 m   |
| I hereby accept the appointment as registered agent<br>provisions of all statutes relative to the proper and a<br>accept the obligations of my position as registered a<br>being filed to merely reflect a change in the register  | complete performan<br>agent as provided fo | ice of my duties, and I<br>or in Chapter 605, F.S. | am familiar with and<br>Or, if this document is |

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     |
|--------------|----------------------|------------------------------------|--------------------|
| CEO          | FRANCHESCA A JENKINS | 8146 AVIATION BLVD MARATHUN, FL    | 3050<br>■ Add      |
|              |                      |                                    | ☐ Remove           |
|              |                      |                                    | Change             |
| SEC          | MICHAEL T LEE        | 3476 GARBER DR TALLAHASSEE, Pl. 32 | 303<br>■ Add       |
|              |                      |                                    | □ Remove           |
|              |                      |                                    | Change             |
|              |                      |                                    |                    |
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|   |                          |                         |                            |                              |                      |
| Effective date, if other                                | than the date of f       | JULY 7, 201             | 7                          | (optional)                   |                      |
| If an effective date is listed, th                      | ie date must be specifie | c and cannot be prior t | o date of filing or more t | han 90 days after filing.) I |                      |
| Note: If the date inserted<br>document's effective date |                          |                         | ble statutory filing rec   | quirements, this date w      | ill not be listed as |
|   | 1                        |                         |                            |                              |                      |
| ne record specifies a                                   | delayed effectiv         | ve date but not         | an effective time          | at 17:01 a.m. o              | n the earlier o      |
| The 90th day after                                      |                          |                         | an encerve and             | ., at 12.01 a.m. 0           |                      |
|   | ,                        |                         |                            |                              | <u>.</u> 🖒           |
| ì   |                          | 2017                    |                            | :                            | (= T                 |
| Dated JULY 7  |                          | 23                      |                            |                              |                      |
| Dated JULY 7  | _/_                      |                         | _ •                        |                              | F   E   1:3          |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00