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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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T. MATTHEWS NOV 2 9 2021

COVER LETTER

| TO: Registratio Division of | on Section Corporations | | |
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| ŚUBJECT: | SIGN PROS of | Central Florida | a Lic |
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| | es of Amendment and fee(s) are su | | |
| Please return all corr | respondence concerning this matte | r to the following: | |
| | AlexANDER | F1/OSA Name of Person | |
| | | | |
| | | Firm/Company | |
| | 5840 Red 1 | BuG Lake Road, Su | 11c# 475 |
| | Winiter Sprin | 195 Florida 32708 City/State and Zip Code | , |
| | Rustic Piner E-mail address: | Tanch (a A OL. Com (to be used for future annual report notif | ication) |
| For further informati | ion concerning this matter, please | | |
| <u> </u> | ame of Person | at (<u>407</u>) <u>619 -</u> Area Code Daytime | 1410 Telephone Number |
| Enclosed is a check | for the following amount: | | |
| \$25.00 Filing Fo | ce S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGN PRUS OF CONTROL Florida little Fill 3: 29

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

The Articles of Organization for this Limited Liability Company were filed on Profil 2 2021 and assigned Florida document number L1700014366.

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 "LLC."

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | 2. 20 | |
|--------------------|----------------------------|--|----------------|
| <u>Title</u> | Name | Address 21 HOT 12 PH 3: 29 | Type of Action |
| <u>AMBR</u> | ROBERT R. BALES | 816 ST CATHERINE NUENUE CHRISTMAS, Florida 32769-9679 | XAdd |
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| ffective | date, if other than the date of filing: <u>Novem Ber 1 2021</u> (optional) |
| `an effectiv Vote: If th | we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records. |
| record sp d is filed. | secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | November 1, 2021. |
| | Signature of a member or authorized representative of a member |
| | THMMY L. BAIES Typed or printed name of signee |
| | 2 |

Filing Fee: \$25.00