L180000 12431

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	R	eceived 06/09		
	C	06 109		

Office Use Only

S.C. 06/15/21



800361778658

04/01/21--01015--008 **35.00

.: - !! ED .: - - !! ED



表现OFIV 2D 2021 JUH - 9 PH 2:59

May 21, 2021

NATHAN JOHNSON 5520 JUEL GILL ROAD MYAKKA CITY, FL 34251

SUBJECT: PREFERRED SIGN SERVICES LLC

Ref. Number: L18000012431

We have received your document for PREFERRED SIGN SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 221A00010834

COVER LETTER

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Preferred Signame of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Nathan Preferred	Sign Services Firm/Company
5520	Juel Gill Rd Address
	KKa City 34251 City/State and Zip Code (Sign Services @ gmail) (to be used for future annual report notification)
For further information concerning this matter, please c	
Nathan Johnson Name of Person	at (941) 232-0657 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 & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Balready Paid	(additional copy is englosed)
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

Preferred Sign Ser	rvices
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000012431</u> This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Myakka City, FL 34251
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5520 Juli Gill Rd Myakka City, FL 34251
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: // CT	han Johnson
New Registered Office Address: 550	LO JUEL GILL ROL Enter Florida street address
myak	City Florida 34251 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree picomply with the performance of my duties, and I am famter with and provided for in Chapter 605, F.S. Or, if this document is

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
mGR	Daniel Imhoff	9622 Oak Run Dr	□Add
		Bradenton, FL 34211	Remove
			□Change
MGR	Nathan Johnson	5520 Jul Gill Rd	□Add
		Myakka City, FL 34251	□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			— □Add ⊘
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

Re	moving I	Daniel	Imboff	from	the	Compan
and	moving I	Johnson	$\frac{1}{2}$	be the	sole	owner
						,

		<u></u>				W-1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
			· .	·		· · · · · · · · · · · · · · · · · · ·
					<u> </u>	
<u> </u>						
		<u></u>				
						
				·		
	<u> </u>					
				-	···	
			···	<u> </u>		
ffective date is li . If the date in	other than the date of isted, the date must be specified in this block do be date on the Department.	ecific and cannot be es not meet the ap	pplicable statutory	g or more than 90 r filing requirer	(optiona days after file nents, this da	ng.) Pursuant to 605
	delayed effective date,	but not an effecti	ive time, at 12:01	a.m. on the ear	lier of: (b):	<u></u>
iled.	1					JUN -
6/1/	21 June 15	200	1		٠.	2
- - 1/-3	7 -	, 200	· ·			ρ -
	1	1				
	Signar	ure of a member or	authorized represer	itative of a memb	per	: 2น
						•