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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: | | gistration Se ision of Cor | | | | |
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| CUDI | erzer. | Sign and C | Close Network Services LLC | | | |
| SUBJ | ECT: | | Name of Lim | ited Liability Company | | |
| The e | nclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | e return | all correspo | ndence concerning this matter | to the following: | | |
| | | | Lavoera Cooper-Dickey | | | |
| | | | | Name of Person | | |
| | | | Sign and Close Network | Services | | |
| Firm/Company | | | | | | |
| | | | PO Box 950907 | | | |
| | | | | Address | | |
| | | | Lake Mary, FL 32795 | | | |
| | | | signandclose@gmail.con | City/State and Zip Code | | |
| | | | | to be used for future annual report | notification) | |
| For fu | ırther ii | iformation c | oncerning this matter, please c | all; | | |
| Lavoera Cooper-Dickey | | 407 764-056 | | | | |
| | | Name o | l'Person | at () Area Code Da | ytime Telephone Number | |
| Enclos | sed is a | check for th | ne following amount: | | | |
| ■ \$2 | 25.00 F | iling 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) | |
| | | Registr Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | Registration Se Division of Co Clifton Buildir | rporations | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sign and Close Network Services 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 $\frac{2/5/2018}{1}$ and assigned Florida document number H18000040407 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 agent and/or the new registered office address here: Lavoera Cooper-Dickey Name of New Registered Agent: 613 East First Street New Registered Office Address: Enter Florida street address Sanford

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.

City

Changing Registered Agent, Signature of Sew 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 |
|--------------|-----------------------|-----------------------------------|----------------|
| Secretary | Anthony Solomon | 613 East First Street Sanford, Ft | Add |
| | | | ■ Remove |
| | | | Change |
| Secretary | Lavoera Cooper-Dickey | 613 East First Street Sanford, Fl | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
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| Effective date, if other than | the date of filing: | | (optional) | |
| If an effective date is listed, the dat Note: If the date inserted in the | | | | |
| document's effective date on t | | | equirements, till, date vill it | or be nated to |
| | | | | |
| he record specifies a dela | | not an effective tim | ne, at 12:01 a.m. on th | e earlier of |
| The 90th day after the | record is filed. | | | |
| 7/23 | 2018 | | | |
| D-4 - J | · | · | | |
| Dated | | | | |
| Dated | Q-17 | 7/23/1 | 8 | |
| - James | Signature of a member or a | 7/23// authorized representative of | 8 a member | |

Page 3 of 3

Filing Fee: \$25.00