# 119 0000 52239

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SCHETARY OF STATE JVISION OF CORPORATIONS

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## **COVER LETTER**

	gistration Secti vision of Corpo				
		PERMITS, LLC			
SUBJECT:		Name of Limit	ted Liability Company		
The enclose	d Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please retur	n all correspond	ence concerning this matter t	o the following:		
		IVAN GOVENDER			
			Name of Person		
			Firm/Company		
		7845 SW 56 ST A202			
		MIAMI FL 33155	Address		
			City/State and Zip Code		
<b>5</b> 6 4			o be used for future annual report notifica	tion)	10 HAR
IVAN GO		cerning this matter, please ca	786 897-6004 at ( )		ETARY GENERAL COMMENTS
	Name of F			elephone Number	PH 4: 09
		following amount:  ☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee	<del></del>
\$25.00	tiling rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy tadditional copy is el	itus &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATURE PERMITS, 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  $\frac{02/27/2018}{1}$ Florida document number 1.18000052239 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL. 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

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
MGR	GOVENDER, IVAN	7845 SW 56 ST A202	Add
		MIAMI FL 33155	□ Remove
		<del></del>	Change
<del></del>			□ Add
			□ Remove
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an effec <u>ote:</u> Ti	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Maach 22 . 2019.
	~ //\ <i>X</i>
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00