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(Re	equestor's Name)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO:	Registration Sec Division of Corp					
410.00 00.		LE SIGN SUPPLIES LLC.				
SUBJECT: Name of Limited Liability Company						
The enc	dosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please r	eturn all correspor	ndence concerning this matter t	o the following:			
		AFTAB KHAN				
			Name of Person			
		WHOLESALE SIGN SUPE	PLIES LLC.			
			Firm/Company			
		715 NW 20TH AVENUE				
		 	Address			
		FORT LAUDERDALE, FL	ORIDA, 33311			
			City/State and Zip Code	_		
		SIGNDSIGN@GMAIL.CO				
		E-mail address: (t	o be used for future annual report notifi	cation)		
For furt	her information co	oncerning this matter, please ca	ll:			
RAJESH GUPTA			754 2095700 at () Area Code Daytime			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
\$25	i.00 Filing 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)		

MAILING ADDRESS:

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

WHOLESALE SIGN SUPPLIES LLC.		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	is as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company florida document number $\frac{118000085411}{10000085411}$.	were filed on <u>04/04/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	- ⁹
Enter new principal offices address, if applicable:		VISI VISI VISI VISI
Principal office address MUST BE A STREET ADDRESS)		CRETON
	 -	21 SF C
		⊋ OF
Enter new mailing address, if applicable:		OR A
*		03
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	fice address on our records, e	nter the name of the
registered agent and/or the new registered office address here	-	
Name of New Registered Agent:		
Nove Designation of Control Address.		
New Registered Office Address:	Enter Florida street address	
	, Florid	*1
	City , Floriu	zip Code

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.

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
MBR	RAJESH GUPTA	839 SW 11TH STREET	
		FORT LAUDERDALE,FLORIDA	■ Remove
		33311	☐ Change
	GRAD HOLDINGS LLC.	839 SW 11TH STREET.	■ Add
		FORT LAUDERDALE .FL	
		33311	☐ Change
			☐ Remove
			Change
			□ Remove
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Tective date, if other than the neffective date is listed, the date in listed.	date of filing: 05/	15/2018	(opt	ional)	
netrective date is listed, the date missing. If the date inserted in this blument's effective date on the D	ock does not meet th	ie applicable statutor	ng or more than 90 days after Ty tiling requirements, th	r filing.) Parsuant to 60. is date will not be list	5.02 ted :
record specifies a delayed The 90th day after the rec		but not an effec	tive time, at 12:01	a.m. on the earli	ier
05/15 ted	201	8 ?			
	(.) 62			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00