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•	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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COVER LETTER

TO:	Registration So Division of Co		, , , , , , , , , , , , , , , , , , ,	
SUBJE		Guys Orlando, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Rodney Thompson		
			Name of Person	
		The Sign Guys Orlando, L	LC	
			Firm/Company	
		6192 Edgewater Dr		
			Address	<u>,</u>
		Orlando, FL 32810		
			City/State and Zip Code	
		krhugger@icloud.com		
		E-mail address: (to be used for future annual report noti	fication)
For furth	her information o	concerning this matter, please ca	all:	
Krystle	Hugger		407 3255825	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
\$25.	.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

The Sign Guys Orlando, LLC	
(<u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on	04/04/2018 and assigned
lorida document number L18000086253	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company l	here:
	99 ·
he 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)	
	
	3
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	orida street address
	Florida
City	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
MGR	Rodney D. Thompson, JR	6192 Edgewater Dr. Orlando, FL 32810	= Add
			Remove
			Change
		 	
			Remove
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an effective date lote: If the dat	if other than the date of filing: is listed, the date must be specific and cannot inserted in this block does not meet to ctive date on the Department of State's	he applicable statutory filing		
e record spe	cifies a delayed effective date,	. but not an effective tir	me. at 12:01 a.m. on	the earlier o
The 90th da	ay after the record is filed.	, 22: 110: 411	,	
ated	<u></u>	· ·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00