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M. MILLIGAN

COVER LETTER

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SUBJECT:		igns And Wraps LLC		
SOBJECT.	•	Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Sundui Chimidkhorłoo		
	Name of Person Discount Signs And Wraps LLC Firm/Company 3691 State Road 580, Unit K Address			
		3691 State Road 580, Unit		
		Oldsmar, FL 34677	Address	
		discountsignsandwraps@gr	City/State and Zip Code nail.com	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	formation co	oncerning this matter, please c	all:	
Sundui Chim	iidkhorloo		727 599-8252 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	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)

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

Discount Signs And Wraps LLC		cords.)
-	bility Company as it now appears on our rec	ords)
(A Flor	bility Company as it now appears on our rec rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Apr 27, 2018	
Florida document number L18000106449	·	and assigned?
This amendment is submitted to amend the following:	:	19 C
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "E	instead Link His Community at 11 and 12	
	anniced Claiming Company, the designation of	LLC or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our reco	rds, enter the name of the new
registered agent and/or the new registered office ad	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	
	izmer v iorida Mreel dad	(CN)
	City	Florida Zip Code
	S,	ray Chac

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sundui Chimidkhorloo	3691 State Road 580, Unit K	
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		Oldsmar, FL 34677	5 n
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			E Change
AMBR	Ganbayar Munkhdorj	3691 State Road 580, Unit K	
		Oldsmar, FL 34677	
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AMBR	Jargaldalai Pagamdorj	4241 Eagle Watch Blvd	
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Effective date, if other than I an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific a is block does not	ind cannot be prior t meet the applica	to date of filing or me	(opti ore than 90 days after requirements, this	e filing) Duranant t	o 605.0207 c listed as
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The 90th day after the						
Dated Oct 05		2018	11 1			
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Oct 05	Signature of a	- Juil	ited representative of	of a member	हैं के 1 क 1 क 1 क 1 कि 1 कि	2018 OCT
Oct 05	Signature of a	- Juil		ora member i m i dkh	5 90 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	2018 OCT 15 PM 11:

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