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## COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	Signs Yours	self LLC		
NUBJECI	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Gary Bloome		
		Gary Bloome PA	Name of Person	
		9148 Glades Road	Firm/Company	<del></del>
		Boca Raton, FL 33434	Address	
		eric@industrialge.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Gary Blooi	me		561 477-8099	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e 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

Signs Yourself LLC	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on September 24, 2018 and assigned
Florida document number 1.18000226471	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ipany here:
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9,
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	<del></del>
Mailing address MAY BE A POST OFFICE BOX)	- W
3. If amending the registered agent and/or registered office adeggistered agent and/or the new registered office address here:	dress on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cuy	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>	<u>Address</u>	Type of Action
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		Randolph, NJ 07869	
			Remove
			Change
	Mark Woroch	24 Linda Terrace	the Change
AMBR			Add
		Randolph, NJ 07869	<del></del>
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior  ote: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records	cable statutory f	or more than 90 day lling requiremen	(optional) ss after filing. ts, this date	Pursuant to 605.02 will not be listed :
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effectiv	e time, at 12	:01 a.m. (	on the earlier
sted September 27 . 2018	<u> </u>			
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Filing Fee: \$25.00