

L18000 27 4212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

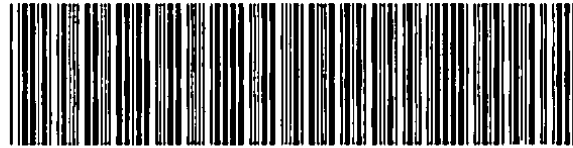
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/25/19--01041--021 **30.00

FILED
2020 JAN 16 AM 11:53
SEC.
TALLAHASSEE, FL

JAN 15 2020
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2019

ABIGAIL PEREZ
1040 CORALRIDGE DR APT 203
CORAL SPRINGS, FL 33071

SUBJECT: SLAP'EM UP GRAPHICS LLC.
Ref. Number: L18000274212

We have received your document for SLAP'EM UP GRAPHICS LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 219A00026147

2020 JAN 16 10:26

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Slap'Em Up Graphics LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abigail Perez
Name of Person

Slap'Em Up Graphics LLC
Firm/Company

1040 coralridge drive apt 203
Address

coral springs FL 33071
City/State and Zip Code

contactus@slapemup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Stark at (954) 937-5100
Name of Person Area Code Daytime Telephone Number

Payment is enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

Slap 'EM UP GRAPHICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 11/29/2018 and assigned
document number L18000274212.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Slap 'Em Up Installations LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

For new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

For new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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2020 JAN 16 AM 11:53
TALLAHASSEE, FL
SOS

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

Florida

City

Zip Code

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
understand 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

removed from our records:

= Manager

R = Authorized Member

| <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-------------|----------------|---------------------------------|
| | | <input type="checkbox"/> Add |
| | | <input type="checkbox"/> Remove |
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| | | <input type="checkbox"/> Change |

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If a record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

dated January 3, 2020.

Abigail Perez

Signature of a member or authorized representative of a member

Abigail Perez

Typed or printed name of signee