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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

**MULTI SIGNS & SAFETY ROAD LLC** 

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$25.00	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	(Name of the Limited Liability	NS & SAFETY ROAD  y Company as It now an	Dears on our records	
	(A Florida L	imited Liability Comp	any)	
The Articles of O Florida documer	rganization for this Limited L It number <u>L19000280204</u> .	iability Company were	e filed on <u>11/22/2019</u> and assigne	
This amendment	is submitted to amend the f	ollowing:		
			:	
A. If amer	iding name, enter the new n	ame of the limited lia	bility company here:	
· ·	MULTI SIGNS & ROAD SAFETY, LLC			
The new name n designation "LLC	nust be distinguishable and e " or the abbreviation "L.L.C."	nd with the words "Li	mited Liability Company", the	
Enter new princi (Principal office	pal officers address, if applicated address MUST BE A STREET A	able: DDRESS)		
B. If amen	ding the registered agent an f the new registered agent a	nd/or registered office	e address on our records, <u>enter t</u> ered office address here:	
\$1 a	EN October 1.A			
	f New Registered Agent:	·		
	gistered Office Address:			
IACA UC		Enter Florida Street Address Florida		
IVEW NE		Enter Fiorig	, Florida	

## gent's Signature, it 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 608, 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

C. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manag MGRM= Mana				
<u>Title</u>	Name		<u>Address</u>	Type of <u>Action</u>
				( )Remove
				( )Remove
				( )Remove
		· · · · · · · · · · · · · · · · · · ·		
·	40 H Strawns			
D. If ame		formation, enter change	(s) here: (Attach additional sheets,	if r.ecessary.)
Dated <u>01/28/2</u>	——————————————————————————————————————			
	(Signature	of a member of authorize	ed representative of a member)	

JOSE CESAR ESPINOZA MENDEZ (Typed or printed name of signee)

Page 2 of 2