12000026287

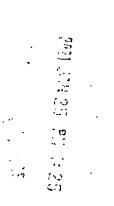
(Requestor's Name)	
((Address)	
((Address)	
((City/State/Zip/Phone #)	
. PICK-UP	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
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Office Use Only



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2021 JULY 25 NM 8: 11



Y SULKER JAN 25 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/25/2021		***	VALK IN**
ENTITY NAME 1A SIG	N & SUPPLY, LLC		
DOCUMENT NUMBER_	.20000026287		
	PLEASE FILE THE ATTACHED AND	RETURN	
xxxx	Plain Copy Certified Copy		£1 1-14
	Certificate of Status		
** <i>P</i>	EASE OBTAIN THE FOLLOWING FOR THE Certified Copy of Arts & Amendments Certificate of Good Standing	ABOVE ENTITY**	
	APOSTILLE' / NOTARIAL CERTIF	ICATION	_
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			
TOTAL OWED \$25.00	ACCO	UNT #: I20160000072	
Please call Tina at th	above number for any issues or conc	verns. Th ank you so muc	h!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1A Sign & Supply LLC		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000026287</u>	were filed on 01/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6600 Main St	
(Principal office address MUST BE A STREET ADDRESS)	Apt 1412	
	Miami Lakes, FL 33014	
Enter new mailing address, if applicable:	6600 Main St	:
(Mailing address MAY BE A POST OFFICE BOX)	Api 1412	
	Miami Lakes, FL 33014	- 10 m
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		enter the name of the ne
New Registered Office Address:	Enter Florida street address	
	Flor	
	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>	<u>Address</u>	Type of Action
AMBR	Andres Miguel Fonte		
			_□ Remove
		6600 Main St Apt 1412 Miami Lakes, FL 33014	■ Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			Remove

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*100	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date.) Note: If the date inserted in this block does not meet the applicable adocument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.0207
the record specifies a delayed effective date, but not an) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
01 / 23 / 2021	
Dated,	
Signature of a member or authorized	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00