

K20 000108719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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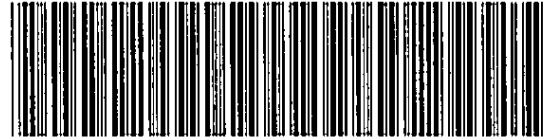
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 10 AM 9:32

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06/10/22--01019--003 \*\*25.00

AUG 26 2022

S. PRATHEP

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIGN DREAMERS OF TREASURE COAST LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARIA LIBBY

\_\_\_\_\_  
Name of Person

ML Professional Solutions, LLC

\_\_\_\_\_  
Firm/Company

8461 Lake Worth Rd Suite 175

\_\_\_\_\_  
Address

Lake Worth, FL 33467

\_\_\_\_\_  
City/State and Zip Code

MLPROFESSIONALSOLUTIONS@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria J Libby

561

603-6630

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2010 10th Street  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIGN DREAMERS OF TREASURE COAST LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/21/2020

Florida document number L20000108719

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sign Dreamers of Florida's Treasure Coast, LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10055 SW Chadwick Drive

Port St Lucie, FL. 34987

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10055 SW Chadwick Drive

Port St Lucie, FL. 34987

**B. 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:

Mary Margaret E Voorhees

New Registered Office Address:

10055 SW Chadwick Drive

Enter Florida street address

Port St Lucie

City

Florida

34987

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.*

FILED  
2022 JUN 10 AM 9:33  
TALLAHASSEE, FLORIDA  
and assigned

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>	<u>Type of Action</u>
AMBR	ANDREA L GUERRERO	104 NW PLEASANT GROVE WAY	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
		10055 SW Chadwick Drive	<input type="checkbox"/> Change
AMBR	Mary Margaret E Voorhees	Port St Lucie, FL 34987	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

CHANGE ARTICLE I TO: Sign Dreamers of Florida's Treasure Coast, LLC

CHANGE ARTICLE II TO: 10055 SW Chadwick Drive, Port St Lucie, FL 34987

CHANGE ARTICLE III TO: Mary Margaret E Voorhees

CHANGE ARTICLE IV TO: Mary Margaret E Voorhees

10055 SW Chadwick Drive, Port St Lucie, FL 34987

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

Dated JUNE 6 2022



Signature of a member or authorized representative of a member

ANDREA GUERRERO

Typed or printed name of signee

FILED  
TALLAHASSEE, FLORIDA

2022 JUN 10 AM 9:32