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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor				
	ture Details, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cre Finfrock			
		Name of Person		
	The Signature Details, LI	.C		
		Firm/Company		2021
	3094 NE Canal Ave.		AL SE	SEP
		Address	محتبر و بر <u>ا</u> د محتبر و برا	39
	Jensen Beach, FL 34957		33.50 3.50 3.50 3.00	Ψ.
	thesignaturedetailing@gm	City/State and Zip Code ail.com	7.7	: 09
	E-mail address: (to be used for future annual report not	tification)	
For further information of	concerning this matter, please c	all:		
Cre Finfrock		772 631-5621		
	cp	at () Area Code Davtin	ne Telephone Number	
Name (of Person	Area Code Dayun	ne reiephone ivantoci	
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	tatus &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of (Division of Co		
P.O. Box 632	27	The Centre of		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)		 _
ne Articles of Organization for this Limited Liability Compa Derida document number				nd assigned
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited l	iability company he	e <u>re</u> :		
Signature Detailing, LLC				
he new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" o	r the abbreviat	ion "L.L.C."
nter new principal offices address, if applicable:		<u>.</u>		
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)			RE ARK O	2021 SEP 30 PM 2
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our r	ecords, <u>enter th</u>	ie name of the	ne-new regis
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	rida street address		
		, Flor	ida	
	City		Zir	Coda

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□Change
,			SECRETATION OF TALLANDA
			A. A. S. D. Remove A. I. A. S. D. F. S. T. A. Change
			□Add
			Remove
			Change
			□Remove
		 	Change
			□Remove
			□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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The 90th day after the rd is filed. 69/25/2021 Dated When the date of a member or authorized representative of a member.	_	·		<u> </u>		
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Typed or printed name of signee