121000128349

(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:
L21-414087

Office Use Only



500381274735

02/11/22--01018--022 **25.00

2022 MAR | 8 FH | 12: 19

Name Change

MAN -2 2022 D CUSHING

FROM THE DESK OF

TATYANA RAMJOHN

February 7, 2022

Return Address

6401 Cropping Street Apt 2107 Winter Garden, FI 34787

786-440-2699

Sincerely yours,

Tatyana Ramjohn

2022 MAR 18 FM 12: 19



RECEIVED

2022 HAR 18 AM 7:54

SECRETARY OF STATE TALLAHASSEE, FL

February 24, 2022

TATYANA RAMJOHN 6401 CROPPING STREET, APT 2107 WINTER GARDEN, FL 34787

SUBJECT: RENOFAITH LLC Ref. Number: L21000128349

We have received your document for RENOFAITH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000414087 (WONDERFULLY MADE, L.L.C.).

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.

Diane Cushing Senior Section Administrator

Letter Number: 222A00004642

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renotaith L	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number <u>L21000128349</u>	ny were filed on 03/18/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	SIGNS LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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
			□ Remove
			☐ Change
 			□ Add
		· · · · · · · · · · · · · · · · · · ·	
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
<u>-</u>			
			□Remove
			□Change

(If an ef	tive date, if other than the date of filing:
the reco	rd 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 ided.
Dated	March 14th, 2022.
	Signature of a member or authorized representative of a member
	Tatyana Ramjohn Typed or printed name oblignee