L21000135322

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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04/30/21--01007--008 **25.00

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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: SIGNATUE	RE SERVICE SOLUT Name of Limi	IONS, LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Processing Departmen	nt	
		Name of Person	
		Firm/Company	
	1450 Vassar S	St	
		Address	
	Reno, NV 89502		
	returndocs@incau	City/State and Zip Code	
-	E-mail address: (to	o be used for future annual report notifi	cation)
For further information conc	erning this matter, please cal	II:	
Processing Department		at (800) 638-2320	
Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
☑ \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNATU	JRE SERVICE SOLUTIONS, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L21000135322	ility Company were filed on 03/23/21	and assigned
Florida document number <u>L21000100022</u>	.	
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	···	
B. If amending the registered agent and/or	registered office address on our records, enter	the name of the ne
egistered agent and/or the new registered office	e address here:	1
Name of New Registered Agent:		
		- - 7-11
New Registered Office Address:	Enter Florida street address	<u> </u>
	Lance I for the Street Little Cox	
<u>-</u>	, Florida	\
	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

Title	Name	Address	Type of Action
MGR_	Keddine McDonald	7120 Patronis Dr Apt2604	Ø Add
		Panama City Beach, FL 32408	Remove
			Change
			□ Add
			Remove
			Change
		<u> </u>	
			Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Remove
			Change

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effections	tive date, if other than the date of filing:
Note	[1] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docu	ment's effective date on the Department of State's records.
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 4/26/2021. A-G-POW-ECC Signature of a member or authorized representative of a member
	$\frac{1}{\sqrt{1-1}}$
	1 A-G towell

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Typed or printed name of signee

Filing Fee: \$25.00