L220000 48887

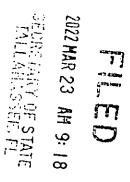
(Red	questor's Name)	-
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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A. BUTLER APR 0 8 2022

COVER LETTER

	Registration Se Division of Cor			
embire	SignMyCas	se LLC		•
SUBJEC	.l: <u> </u>	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Sonia Becerra		
			Name of Person	
		Swyft Filings		
			Firm/Company	
		3 Greenway Plaza #1320		7-0450 Daytime Telephone Number & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ddress: ration Section on of Corporations
			Address	
		Houston, TX 77046		
			City/State and Zip Code	
		filings@swyftfilings.com		
			to be used for future annual report no	nfication)
For furth	er information c	oncerning this matter, please c	ali:	
Sonia Be	есетта		877 777-0450 at ()	
	Name o	f Person		me Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	orporations
	P.O. Box 632		The Centre of	
	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

FILED

SignMyCase LLC

2022 MAR 23 AM 9: 18

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on ou	rrecords.) On Livin Low York off at a te
		- 48UUAMASSEE, FI
ne Articles of Organization for this Limited Liability Company	were filed on $\frac{01/27/202}{}$	2 and assigned
orida document number L22000048887		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered office a	address on our records	, enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:	1	
Name Day Construction of Addisons		
New Registered Utilice Address:		
New Registered Office Address:	Enter Florida stree	t address
New Registered Office Address:		, Florida Zip Code

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
AMBR	John Fagan	1063 Park Ave	■Add
		Orange Park, FL 32073	□Remove
			Change
			□Add
			□Remove
			□Change
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an effective da	e, if other than the te is listed, the date mu-	st be specific and car	anot be prior to date	of filing or more that	(optional	l) g.) Pursuant to 605.020 e will not be listed as
ocument's ef	fective date on the D	epartment of State	e's records.	and of y ming requ	interiority and dar	e will not be fisted as
record specif is filed.	es a delayed effectiv	e date, but not an	effective time, a	12:01 a.m. on the	earlier of: (b) T	he 90th day after the
ated <u>M</u> C	rch 14		1 200	2	<i>)</i>	·
			. /			
	/	/ 1/	1			
		Signature of a mem	be or authorized	representative of a m	ember	