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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:JAVELIN SIGN S Name of	ETTERS, UC Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
NATHE	FLIE PAGADOR Name of Person	
JAVELI.	N SIGN SETTERS	s, UC
5140 CH	HOCTAW AVENUE	
PENSAC	Address OLA, FL 32507 City/State and Zip Code	
JAVELII E-mail address	City/State and Zip Code NSTENSE SE (to be used for future annual report notion	SMAIL. COM
For further information concerning this matter, please		
NATHALIE PAGADOR Name of Person	at (<u>305</u>) <u>797-</u> Area Code Daytim	6726 e Telephone Number
Enclosed is a check for the following amount:		
\$25,00 Filing Fee	☐ \$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:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAVELIN SI	GN SETTERS,	UC
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L23000111</u>	092	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Li	mited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our rec	ords, enter the name of the new registered
the new registered office address fiere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
<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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRIAN PAGAZOR	5140 CHOCTAW AVE	XAdd
		5140 CHOCTAW AVE PENSACOLA, FL 3250.7	□Remove
			Change
			□Remove
		□Change	
		□ Add	
		□Remove	
		□Change	
	<u> </u>	□ Add	
		□Remove	
			□Clunge
			□Add
		□Remove	
		□Change	
		🗆 Add	
		□Remove	
			□Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	tive date, if other than the date of filing: (optional) ctive 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) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	MARCH 18th 20/23
	Signature of a member or authorized representative of a member
	MATHALIE PAGADOR

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