## L23000275338

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomess Emily Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Ct 319 RO23

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter	_		
	Damon Burgess	•		
		Name of Person		
	I Sign And Serve Everythi	ng L.L.C		
		Firm/Company		
	2012 Dumont Drive			
	2012 Dallion Diffe	Address	· · · · · ·	
	V 1: PI 22507			
	Valrico, FL 33596	City/State and Zip Code		
	damonburgess750@yahoo.	·		
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Damon Burgess		. 502 314-8600		
Name of Person		at ( 502 ) 314-8600   Daytime Telephone Number		
Enclosed is a check for the	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:		
Registration Section		Registration Se	Registration Section	
Division of Corporations			Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1 Sign And Serve Everything LLC

company has been notified in writing of this change.

2023 JUN 26 AH 7: 37

(A Florida Lin	nited Liability Company)	7	
(A FIORM OF	nited Liability Company)	10-10 10 10 10 10 10 10 10 10 10 10 10 10 1	
The Articles of Organization for this Limited Liability Com	pany were filed on 6/07/2023	and assigned	
Florida document number 1.23000275338			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		1.4	
B. If amending the registered agent and/or registered of	ffice address on our records, ent	er the name of the new registe	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		FloridaZip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and	d agree to act in this capacity. I	further agree to comply with	

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

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	Shonnese Reed	3439 Janell Rd	
		Louisville, KY 40216	
			□Change
			□Add
			□Remove
			Change
			C)Add
			Remove
			[] Change
			□Add
			□Remove
			☐Change
			□Add
			Remove
			□Change
		_	□Add
			□Remove
			□ Change

	The business EIN number is 93-1774139
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Effect	ive date, if other than the date of filing: (optional)
lf an efl	ive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
aocum	ent's effective date on the Department of State's records.
e recoi	d 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
rd is fi	· ·
Dated	
	$\cap$
	toman torrens
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00