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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

	ation Sec 1 of Corp					,	•
	ICK DES	SIGNS LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclosed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all o	correspon	dence concerning this matter	to the following:				
		ANA RODRIGUEZ					
			Name of Person			_	
			Firm/Company			-	
		1821 SW 37TH WAY					
			Address			_	
		FORT LAUDERDALE, F	L 33312				
		abetsyl197@gmail.com	City/State and Zip Code				7
		E-mail address: ()	to be used for future annual	report notification)	. <u>1</u> 2 0.38	023
For further inform	nation co	ncerning this matter, please co	all:			NE 14	2023 SEP 1
ANA RODRIGU	JEZ		954 32 at ()	26-9090			J 📜
	Name of	Person	Area Code	Daytime Telepl	hone Numb		PH 2: 53
Enclosed is a che	ck for the	e following amount:				177	
S25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Certific	Filing Fed cate of Sta ed Copy nat copy is e	atus &
	Address ration S		<u>Street A</u> Registi	address: ration Section			
Divisio	on of Co	orporations	Divisio	on of Corporati			
P.O. B	ox 6327	•	ine Ce	entre of Tallaha	assee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L23000 413 175	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECRETALLA
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	- 第二
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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
P	ANA B RODRIGUEZ	1821 SW 37th Way, Ft. Lauderdale, FL 33312	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	SEPTEM	BER 05, 2023		
ffective date, if other than the dat an effective date is listed, the date must be a	specific and cannot be pri-	or to date of filing or more	(optional) than 90 days after filing.	Pursuant to 605,0207
iote: If the date inserted in this block ocument's effective date on the Depar			equirements, this date	will not be listed as
record specifies a delayed effective dat t is filed.	te, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	e 90th day after the
SEPTEMBER 11th	2023			
MAN -	·	·		
		thorized representative of		

Typed or printed name of signee