

# L23000522390

(Re	questor's Name)	
(Ad	idress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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### **COVER LETTER**

TO:	Registration Se Division of Cor		:	
SHDIE	321 Signs!			
SUBJEC	UT:		ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	-	
		Susic Vazquez		
			Name of Person	<del></del>
		321 Signs! LLC		
			Firm/Company	
		2485 Avocado Ave		
		<del></del>	Address	
		Melbourne, FL 32935		
			City/State and Zip Code	
		susic@321signsfl.com		
			to be used for future annual report no	tification)
For lurti	ner information c	concerning this matter, please c	ail:	
Susic V	azquez		864 275-5046 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for t	he 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 Addre		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Tallahassee oc Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

321Signs! LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L23000522390	11/00/0002	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	,	
	<u> </u>	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
	'E	
		••
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	ne of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Ziv 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>	Name	Address	Type of Action
MGR	Lona R Castrejon	140 E Arlington St	■Add
		Satellite Beach, FL 32937	□Remove
			Change
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## Page 2 of 3

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(If an e <u>Note</u> :	tive date, if other than the date of filing:
	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.
Dated	October 16, 2004.
	Signature of a member or authorized representative of a member
	Lona R Castrejon
	Typed or printed name of signee

Page 3 of 3