



(Requ	estor's Name)	
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(City/S	State/Zip/Phone #)
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SEGRENAN OF STATE
TALLARAS SESSIATE

COVER LETTER

TO: Registration So Division of Cor			
SURJECT. Floric	dia Signs and Name of Lim	Imaging	
30b)re1, <u></u>	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Forrest	Name of Person	
	Florida 5	Name of Person Signs and Imag Firm/Company	·ny
	20725 Gal	_	
		Address	
	Venice, FL	34293	_
		City/State and Zip Code equal Con	_
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Forrest	(Person	at (959) 727 Area Code Daytim	CeSYZ
Name o	i i cisun	Area code Dayum	
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)
		0	

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

Street Address:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our r Company)	ecords.)		
The Articles of Organization for this Limited I		filed on	2/12/24	and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability co	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation	"LLC" or the abb	previation "I.	lC."
Enter new principal offices address, if appli	cable:		<u>(</u>	207	
(Principal office address MUST BE A STRE.	ET ADDRESS)		25	2024 DE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		AHASSEE, FL	C-4 PH 3:57	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:		enter the name	e of the ne	w registere
Name of New Registered Agent:	Antorio T	Tarantio	"		
New Registered Office Address:	126 mercando	- D #174 Enter Florida street a		 ·	
	<u>Ven</u>	cc tv	_, Florida	347293	_
Now Dogistored Agent's Signature if changing		īу		zsp 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 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	Antonio Tarantino	20725 Calileo PL Veno	242 €(3
			□ Change
		□Add	
		□Remove	
			□ Change
			□Add
		 	□Remove
			□Change
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		□Change	
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Effective date, if other than the date of filing: N [A	_
Effective date, if other than the date of filing: \to \{\text{N} \ \ \text{ (optional)}\} \text{ (optional)} (an effective 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 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records.	
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Dated November 213t, 2024	fter the
_	
Signature of a member or authorized representative of a member	
Forrest Camp	