

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : SORSHER & ASSOCIATES, LLC.
 Account Number : 120170000056
 Phone : (954)842-2931
 Fax Number : (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2024 OCT 10 PM 12:29

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CITY SIGN MEDIA, LLC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | \$25.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITY SIGN MEDIA, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAZARYAN, ARMEN

Name of Person

CITY SIGN MEDIA, LLC.

Firm/Company

900 N FEDERAL HWY STE 306

Address

HALLANDALE, FL 33009

City/State and Zip Code

GAZARYANARMEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAZARYAN, ARMEN

305 509-0791

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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
TO
ARTICLES OF ORGANIZATION
OF**

CITY SIGN MEDIA, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/01/2024 and assigned
Florida document number L24000424505.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---------------------------|--|
| AMBR | GROUPAAG LLC | 900 N FEDERAL HWY STE 306 | <input checked="" type="checkbox"/> Add |
| | | HALLANDALE, FL 33009 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GROUPAAAG LLC | 900 N FEDERAL HWY STE 306 | <input type="checkbox"/> Add |
| | | HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

Effective date, if other than the date of filing: _____ (optional)
(If 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/10/2024

GAZARYAN, ARMEN

Filing Fee: \$25.00