## P100000 54a 3

(Requestor's Name)	-
***	
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(Address)	•
(City/State/Zip/Phone #)	♣,
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Da	-
(Document Number)	
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TO JUL 30 PH 5: 01

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## COVER LETTER

TO: Amendment Section  Division of Corporations
NAME OF CORPORATION: Signs of Greene Inc.
DOCUMENT NUMBER: P/00000/5423
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janice Greene  Name of Contact Person  Signs of Greene Inc.  Firm/ Company
1301 North Palm Aue
Pembro/Ce Pines, Fl 33026 City/State and Zip Code
Janice & Sish A Rama - Pembroke Pines. Co E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Sawice Greene at (954) 47-8686   Name of Contact Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

## Articles of Amendment to Articles of Incorporation of FIRST Articles of Incorporation of FIRST Articles of Incorporation of FIRST Articles of Amendment To JULY 30 PM 5.

P/0000015423

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

amendment(s) to its Articles of Incorporation.	
A. If amending name, enter the new name of the corporation	•
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1301 North Palm Aue Pembroke Pines, F1 33026
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1301 North Palm Aue Pembroke Pines, F1 33026
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	· 
	North Palm Aue.
Pembro.	Ke Pines, Florida 33026 (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	
	The state of the s

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
	•		
E. <u>If amen</u>	ding or adding additional Articl	es, enter change(s) here:	
(attach a	dditional sheets, if necessary). (	Be specific)	
			·
		· · · · · · · · · · · · · · · · · · ·	
-			
,			
-			
provisi	mendment provides for an excha	nge, reclassification, or cancella lment if not contained in the am	ition of issued shares, endment itself:
(1)	not applicable, indicate N/A)	KILD	
•			
			•
	•	•	

The date of each amendment(s) ac	doption:	<u>5-10 </u>	
700	• (date of adoption	is required) ·	•
Effective date if applicable: (no	nent file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the a	imendment(s)
The amendment(s) was/were appust be separately provided for			
	for the amendment(s) was/were's	sufficient for approval	• 5
by	ing group)	· · · · · · · · · · · · · · · · · · ·	
action was not required.  The amendment(s) was/were adaction was not required.	opted by the incorporators witho	out shareholder action and sha	areholder
Dated	7 - 28-10		·
selected,	rector, president or other officer, by an incorporator – if in the hard fiduciary by that fiduciary)		
	Jahrce (Typed or printed name	Greene of person signing)	
	(Title of person signing)		