## P12000021235

(Re	questor's Name)	
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SECRETARY OF STATE
AND ANASSEE FLORIDA

C. LEWIS

SEP 4 2013

EXAMMER

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Signed Thingo, Com Inc.  BOCUMENT NUMBER: P18000081835
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Estela Tamayo  Name of Contact Person  Signed Things, Com  Firm/Company
Address
City/ State and Zip Code
estela @ Signecthings. com  E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Estela Tamay 6  Name of Contact Person  at (305) 989 - 8351  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ S35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporation	FILED
Signed This	of (000 TV	
(Name of Corporation as currently f	Med with the Florida Dept. of St	10 -
P120000	121235	TALLAHASSEE, FLORIDA
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co"4 professio	The new or "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		MINS Deve
	MIAM	i, FL 33183
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BO	x 8306 t	1ills Drive
	MIAHI	, FL 33183
D. <u>If amending the registered agent and/or registered new registered agent and/or the new registered</u>	<u>red office address in Florida, en</u> office address:	ter the name of the
Name of New Registered Agent Este	la Tamayo	
1070	3 SW 113 Pla (Florida street address)	ace
New Registered Office Address:	<del>内</del> <b>い</b> ĺ (City)	Florida <u>33176</u> (Zip Code)

Signature of New Registered Agent, if changing

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I app familiar with and accept the obligations of the position.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	e, and Saliy Smil	in, Sv as an Add.	
X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	<u> </u>	Estela Tamayo	10703 SW 113 Place MIAHI, FL 33176
Add			MIAMI, FL. 33176
Remove			
2) Change			
Add			the state of the s
Remove			
3)Change	<del> </del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>11 am en d</u> (Attach <i>a</i>	<mark>ling or adding add</mark> dditional sheets, if i	itional Artic necessary).	les, enter cha (Be specific)	nge(s) here:			
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provisio (if r	endment provides ons for implementi not applicable, indic	ng the ameno cate N/A)	dment if not	contained in t			
	Shares						
50°10	Shares	Este	la Tar	nayo			
				<u></u>			

The date of each amendment(s) adoption:	FILED	, if other than the
date this document was signed.		_
Effective date if applicable:	13 AUG 27 AM 8: 39	_
(no	o more than 90 days after amendment the date of UF STATE TALLAHASSEE, FLORIDA	1
Adoption of Amendment(s) (CHECK	CONE)	
☐ The amendment(s) was/were adopted by the shareby the shareholders was/were sufficient for approximation.	cholders. The number of votes cast for the amendment(s) aval.	
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by	,**	
by(voting g.	roup)	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	
Dated 8 26 13		
Signature Estile	Coraeso	
	or other officer - if directors or officers have not been	_
selected, by an incorpora	ator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by the	hat fiduciary)	
Est	(Typed or printed name of person signing)	_
	(Typed or printed name of person signing)	
Vi	ce President	_
	(Title of person signing)	