# P160000 6413

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LION SIGNS COR	LP .	
DOCUMENT NUME	BER: P16000006413		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	FRANKLIN A. ARIAS GON	IZALEZ	
		Name of Contact Person	1
		Firm/ Company	
	24351 SW 108TH PL		
		Address	
	HOMESTEAD, FL 33032		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
FRANKLIN A. ARIA	S GONZALEZ	at (	3271469
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check-fo	r-the-following-amount-made:	payable_to_the_Florida_Depa	artment-of-State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div	endment; Section ision of Corporations Box 6327 ahassee, FE-32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

FEB 2 9 2018
IRS AUSTIN, TX

#### **Articles of Amendment**

#### Articles of Incorporation

·	Lion Signs Corp	
	(Name of Corporation as currently filed with the Florida Dept. of State)	
	<u> </u>	
	(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:

A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name of the
(Florida street	address)
New Registered Office Address:(C.	(iv) Florida (Zipscode)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position
Signature of New Reg	istered 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)

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	FRANKLIN A. ARIAS GONZALEZ	24351 SW 108TH PL
X Add			HOMESTEAD, FL 33032
Remove			
2) Change			
Add			
Remove			-M-11-140
3 ) Change			
Add			
Remove			<del></del>
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach additional sheets, if necessary).,	cles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:	•	
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(у по аррисионе, таксие или)	(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	(ij noi applicable, maicale WA)	

·	01/28/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than t
date ting document was pigned.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	
	(no more than 90 days after amenament file da	ile)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accaction was not required.	opted by the board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and sha	reholder
0/- '	28-2016 Held	
Dated Q7	7/14	
Signature 2	FLW)	
(By a	director, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, of	or other court
арроі	nted fiduciary by that fiduciary)	
	FRANKLIN A. ARIAS GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	