KZ1000 379996

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

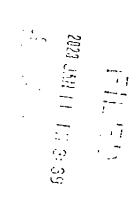
Office Use Only

A. RIVERS
JAN 1 8 2023



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December 22, 2022

BERNARD RIBORDY 8780 SEMINOLE BLVD. SEMINOLE, FL 33772

SUBJECT: FHG JC LLC Ref. Number: L21000379996

We have received your document for FHG JC LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

1

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00028664

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Tallahassee, FL 32314

TO:		ion Section of Corporati	ons			
SHRIE	·CT·	FNG	Jc	LLC		
30036				Name of Lim	ted Liability Company	
The end	closed Artic	les of Amen	dment and	fee(s) are subi	nitted for filing.	
Please 1	return all co	rrespondenc	e concerní	ng this matter t	to the following:	
		*****	BE	WARD F	Ri Borby Name of Person	
		_	Ris	orsy w	ASSOCIATES Firm/Company	
					Address	
		_	•	S=MINO	City/State and Zip Code	
			E	RIB165.	259@ AOL. com o be used for future annual report noti	fication)
For fur	ther informa	ation concerr	ing this m	atter, please ca	H:	
	BERNA	RS R Name of Perso	BORD	7	at (<u>727</u>) <u>347 - 9</u> Area Code Daytim	2 00 e Telephone Number
Enclose	ed is a chec	k for the follo	owing ame	ount:		
□ \$2:	5.00 Filing	Fee 🔲		ing Fee & te of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing /	Address: ition Section	on		<u>Street Address:</u> Registration Sec	ction
	_	of Corpoi			Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAG JC LL	Likilin Communication	
(Name of the Limb)	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	ability Company were filed on	and assigned
Florida document number <u>L210003</u> 7	19996	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	i	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE .	BOX)	
R. If amonding the registered agent and/or r	egistered office address on our records, enter the nar	ne of the new registerer
agent and/or the new registered office addres		ne of the new registered
Name of New Registered Agent:	BERNARD KIBORDY	
New Registered Office Address:	BERNARD RIBORDY 8780 SEMINOLE BLUD. Enter Florida sirvet address SEMINOLE . Florida City	(www.
	Enter Florida street address	
	SEMINUL Florida_	337722
	Zip Code—	
New Registered Agent's Signature, if changing I	Registered Agent:	Č
provisions of all statutes relative to the prope	d agent and agree to act in this capacity. I further age or and complete performance of my duties, and I am stered agent as provided for in Chapter 605, F.S. Or	familiar with and

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
P.T	CHANTEL TOUCHETTE	7325 YOH AUE N. ST. PETERSBURG FL	□Add
		ST. PETERSBURG FL	. <i>3371</i> ⊘ □Remove
			\S Change
			□Add
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ffective date an effective da lote: If the di ocument's ef	te is listed, th ite inserted	ne date mu- in this bl	st be speci: lock does	fic and ca not mee	innot be et the a	prior to d pplicable	ate of fi	ling or mo	ore than	90 days afte	r tiling.) l	Pursuant to vill not be	605.0207 (listed as t
record specifi I is filed.	es a delayc	d effectiv	e date, bi	ut not ar	n effect	ive time,	at 12:0)1 a.m. c	on the c	arlier of; ()	h) The	90th day :	ofter the
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Filing Fee: \$25.00