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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Co			
	RECT LLC		
SUBJECT:	Name of Lin	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frankie Capote		
		Name of Person	
	F & M DIRECT LLC		
		Firm/Company	
	2071 SW 126TH CT		
		Address	
	Miami. FL 33175		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Frankie Capote		305 812-1917	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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		Street Address:	ation
Registration bivision of C		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & M DIRECT LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{100}$	3/15/2022 and assigned
Florida document number L22000357885	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
F.C. DIRECT LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 2
(Principal office address MUST BE A STREET ADDRESS)	722
	7022 10V 2
	27
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5.7 2: E. 37
	一点了
B. If amending the registered agent and/or registered office address on our r	ecords, enter the name of the new registers
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
	, Florida

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.

City

Zip Code

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>	Address	Type of Action
AR	MARIA JOSE BELTRAN	2071 SW 126TH CT	
		MIAMI, FL 33175	
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			Change
·			
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change

-	
	
in effectiv o <mark>te:</mark> [f t]	date, if other than the date of filing:
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ited	11/16/2022 , 3:12PM .
	Fronk al

Typed or printed name of signee