## 123000383593

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



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

F & M SHOE REPAIR INC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ASNALDO MARTIN Name of Person F & M SHOE REPAIR INC Firm/Company 14286 BEACH BLVD SUITE 17 Address JACKSONVILLE BEACH, FL 32250 City/State and Zip Code ACCOUNTING.EXPRESS@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ASNALDO MARTIN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

F & M SHOE REPAIR INC		• -
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.)	
The Articles of Organization for this Limited Liability Company were fil	ed on 08/15/2023 and assignment	gned
Florida document number L23000383593		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability con	npany here:	
F & M SHOE REPAIR LLC		
he new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		• •
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new	registe
Name of New Registered Agent:		
New Registered Office Address:		
1100 Registered Willow Prantes.	Enter Florida 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.

Citv

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
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			Change
			□ Add  2023  1 □ Remove  2
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If an effective dat Note: If the da	e is listed, the date ate inserted in thi	the date of filing must be specific and s block does not m e Department of S	cannot be prior to neet the applicat	o date of filing or m ble statutory filin	ore than 90 days aft	t <b>ional)</b> er filing.) Pursu nis date will n	iant to 605,0207 of be listed as
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	es a delayed effe	ctive date, but not	an effective tim	ne, at 12:01 a.m. o	on the earlier of: (	(b) The 90th	day after the
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e record specifi rd is filed. (19/15/20		, cueldo	Ma	ie, at 12:01 a.m. o		(b) The 90th	day after the