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## COVER LETTER

Division of Cor	porations	•	
SUBJECT:	F & F, L	.L.C.	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Stephen M. Stone, Esquire		
		Name of Person	<del></del>
	Law Offices of Stephen M.	Stone	
		Firm/Company	
	725 N. Magnolia Avenue		
		Address	
	Orlando, Florida 32803		
	····	City/State and Zip Code	
	stephen@smstonelaw.com		
	E-mail address: (t	o be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	ill:	
Stephen M. Stone, Esqui	re	407 423-7910 at ( )	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	ne 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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	F, L.L.C.	<del>.</del>
(Name of the Limited Liability Comp (A Florida Limited)	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number	y were filed on July 28, 2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TANK TANK
(Principal office address MUST BE A STREET ADDRESS)		S SR
		Y AA
		5 SHA
Enter new mailing address, if applicable:		PA
(Mailing address MAY BE A POST OFFICE BOX)		6: 03.5
		<b>3</b> 0 m
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

## 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.

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>	<u>Name</u>	Address	Type of Action
MGRM	ABDULALI GULAMALI	4680 S. Orange Blossom Trail	□ Add
		Orlando, Florida 32839	■ Remove
			□ Change
			Remove
			Change
			Add
			Remove
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this!	ust be specific an	id cannot be prior	to date of filing o	r more than 90 day	( <b>optional)</b> 's after filing.) Pursu	ant to 605.0207 (
document's effective date on the			iole statutory if	mig requiremen	is, this date will h	ot be fisted as t
ne record specifies a delaye The 90th day after the re			an effective	e time, at 12	:01 a.m. on th	ne earlier of:
Dated November 7,		2017				
A	$\sim$					
1 1 V						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00