

LO4000015976

(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:

5/19  
Pending reinstatement 5/6/15  
SBO-shows inactive again  
WIS-30962

Office Use Only



000272906420

05/18/15--01007--016 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -3 PM 2:42  
TALLAHASSEE, FLORIDA

JUN 04 2015

3 MASON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** F & F Leasing, LLC

\_\_\_\_\_  
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:

Reed Forrestel

\_\_\_\_\_  
Name of Person

F & F Leasing

\_\_\_\_\_  
Firm/Company

6817 Southpoint Pkwy, Suite 1101

\_\_\_\_\_  
Address

Jacksonville, FL 32216

\_\_\_\_\_  
City/State and Zip Code

reed.m.forrestel@ampf.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reed Forrestel

904

421-7540

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN - 3 PM 2:42

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2015

F&F LEASING, LLC  
6817 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216

SUBJECT: F&F LEASING, LLC  
Ref. Number: L04000015976

We have received your document for F&F LEASING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2007 *annual report/uniform business report* and must reinstate before this document can be filed. Please see the attached fee schedule for a breakdown of the fees due.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 515A00010704

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -3 PM 2:42

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

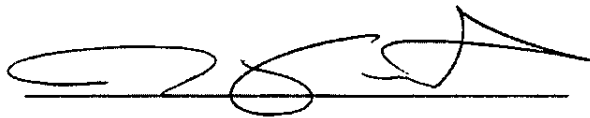
L04000015976

Letter on instruction

June 4, 2015

To: Florida Department of State

I, Reed Forrestel, have no intention on reinstating L15000078489,  
titled as: FNF Leasing, LLC and request the release of the name  
FNF Leasing, LLC for use in reinstating L04000015976.



Reed Forrestel

6-4-15

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -3 PM 2:40  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

F & F Leasing, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/1/2004 and assigned  
Florida document number L04000015976.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

F F Leasing, LLC

FNF Leasing, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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.

Reed Torrestle GAVE

**AUTHORIZATION BY PHONE TO**

**CORRECT name change**

DATE 6/4/15

DOC. EXAM Smason

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 15 JUN - 1 PM 2:42  
 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

EIN # 20-0793894

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

May 7, 2015

Signature of a member or authorized representative of a member

Reed Forrestel

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -3 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA