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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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ATTORNEYS AT LAW

STAR M. SANSONE
LL.M. in Taxation
Star.sansone@dellsalter.com

September 30, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to the Articles of Organization of Fuller Properties, LLC.

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of the above-mentioned entity, along with our firm check in the amount of \$25.00 for the filing fees. Once filed, please forward the documents to our office.

Sincerely,



Star M. Sansone

SMS:mh

cc: John Fuller

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULLER PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

STAR M. SANSONE

Name of Person

SALTER FEIBER, PA

Firm/Company

3940 NW 16TH BLVD., BLDG. B

Address

GAINESVILLE, FL 32605

City/State and Zip Code

mifuller@hotmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

STAR M. SANSONE

352 376-8201

at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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
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		_____	<input type="checkbox"/> Change

[illegible]

(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)

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

Dated September 30th, 2019.

John E. Fuller
Signature of a member of

Signature of a member or authorized representative of a member

JOHN FULLER

Typed or printed name of signee