(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>FB</u>	HD, LLC. Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	·
	BRUC	E G. ESTENGER Name of Person	
<u></u>	e et cause e e e e e e e e e e e e e e e e e e	Name of Person	
		Firm/Company	
	5404	SW 140 Th AV	<u>E</u>
		Address	
	. 00	ALA EL THURI	
		ALA, FL. 34481 City/State and Zip Code	
	BETTE	NGCL 99@ Gmi	4iL. Com
	E-mail address: (to be used for future annual repo	rt notification)
For further information co	oncerning this matter, please ca	ali:	
BRUCE G	ETTENGER Person	at (352) <u>6</u>	15-6461
Name of	Person	Area Code D	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line) (A.F.)	, と. と, ability Company as it now appears orida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabili	ty Company were filed on		and assign	ned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
	/A			
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	signation "LLC" or the a	ibbreviation "L.L.(J.::
Enter new principal offices address, if applicable:	:N/;	A		
(Principal office address MUST BE A STREET AI	DDRESS)			
				
Enter new mailing address, if applicable:	N	l a	2015	
(Mailing uddress MAY BE A POST OFFICE BOX	2		王(1) 王	- interes
•			요설 기 기의 과	· - []
B. If amending the registered agent and/or registered agent and/or the new registered office.	egistered office address on address here:	our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	BRUCE G. ETTE	en GER_		
New Registered Office Address:	5404 SW 140 Enter Florid	la street address		
<u>-</u> -	OCALA	, Florida	34481	
	Ciţv		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

$\dot{M}GR = M$ $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	EllenMARIE ETTENGER		□ Add
		5404 Sew 14075 AUC, OCALA, FL. 3	<u> </u>
			Change
AMBR	Devow M. Fox	3311 ELM ST. Ellewow, FL. 342	
			□ Remove
			Change
	·	□ Remove	
			□ Change
			<u>**</u> □ Add
			Remove 17
		ه در دره	S Change 7
			E Add
		Remove	
			🗆 Change
	<u> </u>		Add
			🗆 Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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Filing Fee: \$25.00