

L06000094752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

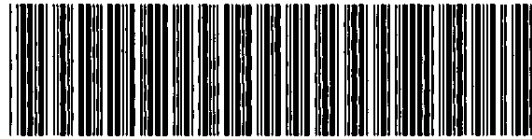
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100238422211

100238422211
08/16/12--01001--001 **680.00

FILED
12 AUG 15 PM 3:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 15 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2012

KEVIN ALSUP
1272 STONEHEDGE TRAIL LANE
SAINT AUGUSTINE, FL 32092

SUBJECT: FIDELITY LENDING GROUP LLC
Ref. Number: L0600094752

We have received your document for FIDELITY LENDING GROUP LLC and check(s) totaling \$680.00. However, your check(s) and document are being returned for the following:

The above listed entity was administratively dissolved for failure to file the 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.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 412A00020407

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

FIDELITY LENDING GROUP LLC

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

FILED
12 AUG 15 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/25/2009 and assigned
Florida document number L06000094752 10-22-07

This amendment is submitted to amend the following:

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

Fidelity Management Group LLC

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

Enter new principal offices address, if applicable:

Kevin Alsup

(Principal office address MUST BE A STREET ADDRESS)

1272 Stonehedge Tr. Ln.

Saint Augustine FL 32092

Enter new mailing address, if applicable:

Same as above

(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:

Kevin Alsup

New Registered Office Address:

1272 Stonehedge Tr. Ln.

Enter Florida street address

Saint Augustine

Florida

32092

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 608, 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.

Not changing
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kevin Alsup	1272 Stonehedge Tr. Ln. Saint Augustine FL 32092	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	George Stone	1623 Charon Rd. Jacksonville FL 32205	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please change the name and the new address. Thank you. Kevin

Dated 7-31-12, 2012



Signature of a member or authorized representative of a member

Kevin Alsup

Typed or printed name of signee