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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: F & B LC

(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:

Barbara Humphrey

(Name of Person)

Law Office of Robert A. Heekin

(Firm/Company)

1 Sleiman Parkway, Suite 280

(Address)

Jacksonville, Florida 32216

(City/State and Zip Code)

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For further information concerning this matter, please call:

Barbara Humphrey

(Name of Person)

at ( 904 ) 636-9777

(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

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

**F & B LC**

\_\_\_\_\_  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on December 18, 2006 and assigned document number L06000119660.

**SECOND:** This amendment is submitted to amend the following:

Remove George A. Sarkees, Jr. as Manager


Add Ashleigh E. Sleiman as Manager

Add John M. O'Brien as Manager

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
07 FEB -8 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated January 31, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Anthony T. Sleiman, Manager

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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Signature of a member or authorized representative of a member

Anthony T. Sleiman, Manager

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**