

L09000046307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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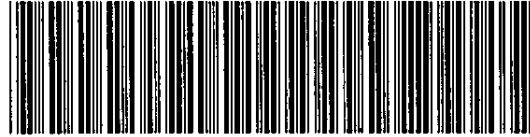
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 31 2015
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FGT MGT. 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:

JOHN J. KABBOORD, JR., ESQ

Name of Person

JOHN J. KABBOORD, JR., P.A.

Firm/Company

1980 N. Atlantic Avenue, Suite 801

Address

Cocoa Beach, FL 32931

City/State and Zip Code

propertymdfla@gmail.com

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

For further information concerning this matter, please call:

Alice Walker, Probate Paralegal for John J. Kabboord, Jr., Esq. 321 698-7965

Name of Person

at ()
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FGT MGT. 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 May 13, 2009 and assigned
Florida document number L09000046307

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

933 Ellendale Drive

Towson MD 21286

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

933 Ellendale Drive

Towson MD 21286

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:

Lisa D. Taylor c/o John J. Kabboord, Jr., Esq.

New Registered Office Address:

1980 N. Atlantic Avenue, Suite 801

Enter Florida street address

Cocoa Beach

City

Florida 32931

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

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>
Mgr	Jerome V. Grue	111 Justimere Road	<input type="checkbox"/> Add
		Cape Canaveral, FL 32920	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Filing Fee: \$25.00