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J. BRYAN

JAN 20 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co		•		
SUBJECT: FAB F			LORIDA, LLC		
		Name of Lim	ited Liability Company		_
The en	closed Articles o	of Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	oondence concerning this matte	r to the following:		TALLED MILLON
					型
			Golan Feldman		强星二
		· (2.74-34-34-34-34-34-34-34-34-34-34-34-34-34	Name of Person		一题。而
					一篇 王 〇
			Firm/Company	111	- FLORING
		1040	Town Center Circle #21	10	
			<u> </u>		
			City/State and Zip Code		
		Gol E-mail address: (	anfeldman@gmail.com to be used for future annual report	notification)	-
For fur	ther information	concerning this matter, please of			
		,,			
		olan feldman	at (_954_)	881-1818	
	Name	of Person	Area Code & Da	ytime Telephone Num	ber
Enclose	ed 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 encle	Certifi osed) Certif	Filing Fee, cate of Status & ied Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/CO	URIER ADDRESS	:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAB FL	LORIDA, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea lited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on	07/24/2009	and assigned
Florida document numberL0900071386			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		Į.	2012
(Principal office address MUST BE A STREET ADDRES	<u> </u>	Ţ	C +
		· · · · · · · · · · · · · · · · · · ·	SE SE M
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		器 8
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
	0.	, Florida	7: 6:1
	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.

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>	Address	Type of Action
MGMR	FELDMAN, JENNIFER	1640 TOWN CENTER CIR #210 WESTON FL 33326 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	
		TALLAMASSEE. FLORIDA	TILED 2012 JAN 19 AM II: 01
Dated	,,	·	
-	Signature of a member	or authorized representative of a member	
		Golan Feldman	
_	Typed o	or printed name of signee	<del></del>

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Filing Fee: \$25.00