#20900088168

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ALL AHASSEE FLORIDA

EXAMINER DEC 20 2011

COVER LETTER

Division of Cor	porations		è		
SUBJECT:	F.A.B. FLOF	RIDA REALTY, LLC	-		
		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		GOLAN FELDMAN			
		Name of Person			
		Firm/Company			
1640 TOWN CENTER CIRCLE #210					
Address					
WESTON, FL 33326					
		City/State and Zip Code			
	GOLANFELDMAN@GMAIL.COM E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please c	•	•		
GOLA Name of	AN FELDMAN	at (<u>954</u>) Area Code & Dayti	881-1818		
Name of	rerson	Area Code & Dayii	me 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

FILED
11 DEC 19 PM 4: 0

F.A.B. F	LORIDA REALTY, LL	.C 381	RELATIVE OF STREET
(<u>Iname of the Limited Liab</u> (A Flor	LORIDA REALIY, LL <u>ility Company as it now appear</u> ida Limited Liability Company)	<u>'s on our records/)서된 [</u>	AHASSEE FLOATE
		·	COMUN.
The Articles of Organization for this Limited Liabili	ty Company were filed on	09/14/2009	and assigned
Florida document numberL0900088168	<u> </u>		
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> :	
		_	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		
manny university be 11 to 11 to 11 to 12 to 11 to 12 to 11 to 12 t			
			
B. If amending the registered agent and/or re	gistered office address on o	ur records, enter t	he name of the new
registered agent and/or the new registered office a		<u> </u>	ne name or the new
Name of New Registered Agent:			
N. P. L. LOGG. ALL			
New Registered Office Address:	Fint	er Florida street addi	WASS
·	Enter Florida street address		
<u> </u>		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FELDMAN, SERGE S	1640 TOWN CENTER CIRCLE WESTON.FL 33326	Add ✓ Remove
			Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.,	
Dated	······································	·.	
	Signature of a memb	per or authorized representative of a member	
		GOLAN FELDMAN	
-		ed or printed name of signee	

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Filing Fee: \$25.00