

L10 0000 82025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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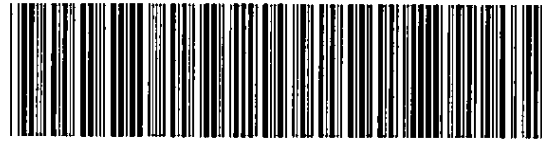
(Business Entity Name)

(Document Number)

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S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JUL 21 AM 7:42

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAL1905, 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:

Brian Sawyer

Name of Person

FAL 1905, LLC

Firm/Company

1680 Hwy A1A STE 3

Address

Satellite Beach FL 32937

City/State and Zip Code

bjsconsultingllc@gmail.com

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

For further information concerning this matter, please call:

Brian Sawyer

407 212-0126
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FAL 1905, 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 08/05/2010

Florida document number L10000082025

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1680 Hwy A1A Ste 3

Satellite Beach FL, 32937

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:

Brian J. Sawyer

New Registered Office Address:

1680 Hwy A1A Ste 3

Enter Florida street address

Satellite Beach

Florida 32937

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 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

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2020 JUL 21 AM 1:42
CLERK OF COURT
DIVISION OF CORPORATIONS
AND BUSINESSES
TALLAHASSEE, FLORIDA

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	Michael R. Fischer	1211 E New Haven Ave APT 603	<input type="checkbox"/> Add
		Melbourne FL 32937	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen A McGann	537 Coconut Dr	<input type="checkbox"/> Add
		Indialantic FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BJS Consulting LLC.	311 Oceanside Blvd	<input checked="" type="checkbox"/> Add
		Melbourne FL 32903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/13/2020, _____

MRZ
Signature of a member or authorized representative of a member

Michael R Fischer
Typed or printed name of signee