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SECRETARY OF STATE TALL AHASSEE, FI DRING

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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FATR Boys 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:
Jean A. Kassab Name of Person
FATE Bys LLC Firm/Company
1210W. Robert Rd
Candonnerd, F1.32533 City/State and Zip Code
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
For further information concerning this matter, please call: Teast A.
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$\$\$\$55.00 Filing Fee \text{\$\square}\$

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fot R Boys	110	
Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability of Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
The new name must be distinguishable and end with the wo	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		12 NOV - SECRETA ALLAHAS
(Mailing address MAY BE A POST OFFICE BOX)		SEE SEE
		F 3 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Title</u>	Name	Address	Type of Action
			Add
			Remove
		· :	
			Add Remove
		FILED PHREmove 12 NOV 48 PHREmove SECRETARY FILES A NOV 48 PHREmove	
		•	PH Remove
			Add
			Remove
			Add
	 	Remove	
			Add
		 	Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Change FEIN to 35-245/878
٠	
Dated	november 3 , 2012
	Signature of a member or authorized representative of a member
	Tepped or printed name of signee
	D 2 C2

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE