

L11000093612

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000002850 3)))



H160000028503ABCV

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : F & S PROJECTS CORP  
Account Number : 120120000041  
Phone : (954) 482-9681  
Fax Number : (954) 482-8696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: contact@fandsprojects.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LK883, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

JAN 07 2016

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Corporate Filing Menu

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2016 JAN -6 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDARECEIVED  
TALLAHASSEE, FLORIDA

16 JAN -6 AM 10:09

FILED

(H 16000002850 3)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LK883, 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:

RAFAEL FERRER

\_\_\_\_\_  
Name of Person

F&S PROJECT'S CORP

\_\_\_\_\_  
Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3

\_\_\_\_\_  
Address

WESTON, FL. 33326

\_\_\_\_\_  
City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

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

For further information concerning this matter, please call:

RAFAEL FERRER

954

482.9681

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(H J6000002850 3)  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

LK883, 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 08/15/2011 and assigned  
 Florida document number L11000093612.

This amendment is submitted to amend the following:

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

ANNSTORE LLC

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) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

Florida

Zip Code

**Sign 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

(H 16000002850 3)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <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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|              |             | _____          | <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 |

16 JAN 6 AM 10:03  
MAIL ROOM  
FLOOR 3  
SUITE 300



JAN-06-2016 10:00 From:

To:8506176383

Page:1/6

850-617-6381

1/6/2016 9:24:02 AM PAGE 1/001 Fax Server



January 6, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

F & S PROJECTS CORP

SUBJECT: LK003, LLC  
REF: L11000093612

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PAGES 2-3 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please

Shelia H Young  
Regulatory Specialist II  
Amount charged: 25.00

FAX Aud. #: H16000002850  
Letter Number: 616A00000247