

L11000106059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 DEC 14 AM 9:49
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TALLAHASSEE, FLORIDA

C. LEWIS
DEC 15 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2011

MICHAEL NIEMIS
10020 BENTLEY WAY
TAMPA, FL 33626

SUBJECT: FMOR, LLC
Ref. Number: L11000106059

We have received your document for FMOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00027456

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

FMOR, 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:

Michael Niemis

Name of Person

FMOR, LLC

Firm/Company

10020 Bentley Way

Address

Tampa, FL 33626

City/State and Zip Code

mikeniemis@gmail.com

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

For further information concerning this matter, please call:

Mike Niemis

Name of Person

at

(813) 787-5700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

PAID

☐ \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 DEC 14 AM 9:49

FMOR, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 9/16/2011 and assigned
Florida document number L11000106059.

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 end with 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

_____, 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

MGRM = Managing Member

Title	Name	Address	Type of Action
VP	Joseph M. Salerno	3338 Laurelwood Ct Tarpon Springs, FL 34688 727 967 5410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	Tammy J. Brooks	6062 28th Ave N St. Petersburg, FL 33710 727 384 1138	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 14 AM 9:49

Dated _____

Signature of a member or authorized representative of a member

Michael T. Niemis - President

Typed or printed name of signee