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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000219339 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUILLERMO RODRIGUEZ & ASSOCIAT

Account Number: T20050000147

Phone : (305)649-7128

Fax Number

: (305)643-2905

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FAS LLC**

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

FAS LLC

((H13000219339 3)

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:

HECTOR TONANTE

Name of Persor

FAS LLC

Firm/Company

247 SW 8TH STREET #891

Address

MIAMI, FL 33130

City/State and Zip Code

TAYLORELIXABETH@GMAIL.COM

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

For further information concerning this matter, please call:

HECTOR TONANTE

_{.,,}305,649-7128

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 Q\$55,00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60,00 Filing Fcc Cortificate of Status &

Certified Copyring (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FAS LLC	o)F {	(H130	002	193	37
(Name of the Limited I	iability Compa	1				
The Articles of Organization for this Limited Liai		• • • • • •	/2011	an	ıd a s sigi	red
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
N/A						
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company.	the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicat	ole:	N/A	<u> </u>	دی اور	20	
(Principal office address MUST BE A STREET ADDRESS)				En Car	ش	farrag 2.
				1111	CT	6 ;
				်င်္ကန်း ကြင်း	-2	****
Enter new mailing address, if applicable:		N/A			33	i i
Mailing address MAY BE A POST OFFICE BO	oxi				क्र	,,,,
124 mily Sept. 1 (1) 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	<u> </u>	₹~\·			2	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter</u>	the nar	ne of t	he new
	HECTOR T	ONANTE				
Name of New Registered Agent:						
New Registered Office Address:	247 SW 8T	H STREET #891				
		Enter l	·lorida street aa			
	MIAMI,		Florida 3	3130		
		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. Thereby 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 H1310021933 MGRM = Managing Member Address <u>Title</u> Name **MGRM HECTOR TONANTE 5%** 247 SW 8TH STREET #891 MIAMI, FL 33130 Remove 247 SW 8TH STREET #891 MIAMI, FL 33130 **MGRM** PATRICIA ROSA CACACE DE TONANTE 5% Remove 247 SW 8TH STREET #891 MGRM **FAGUSTIN CORP 90%** MIAMI, FL 33130 Remove **FAGUSTIN CORP** 247 SW 8TH STREET #891 MGRM MIAMI, FL 33130 Remove Add Remove Remove

	os6432905 GUILLERMO RODRI information, enter change(s) here: (A lach	 -
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	**************************************	•
October 02	2013	•
October 02	2013 Justo Signature of a member or authorized representations of the control o	

Filing Fee: \$25.00