

12000029391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

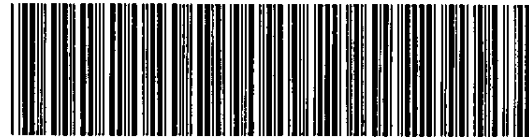
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2013

D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FB Consultants Group 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:

Raymond Flores
Name of Person

FB Consultants Group LLC
Firm/Company

70 5TH St
Address

Shalimar / FL / 32579
City/State and Zip Code

raymond.flores@ffgcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond FLORES at (850) 292-9351
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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

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

FB Consultants Group 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 3/1/12 and assigned Florida document number L12000029391.

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)

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2012 AUG 21 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

25 W Cedar St
PENSACOLA, FL 32502

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:

Raymond FLORES

New Registered Office Address:

25 W Cedar St

Enter Florida street address

PENSACOLA, Florida

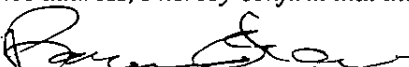
City

32502

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mGRM</u>	<u>Jennifer D'Ambrosio</u>	<u>844 Bucks Harbor Dr W</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32225</u>	<input checked="" type="checkbox"/> Remove
<u>mGRM</u>	<u>Raymond FLORES</u>	<u>25 W Cedar St</u>	<input checked="" type="checkbox"/> Add
		<u>Pensacola, FL 32502</u>	<input type="checkbox"/> Remove
<u>mGRM</u>	<u>Johany Nguyen</u>	<u>25 W Cedar St</u>	<input checked="" type="checkbox"/> Add
		<u>Pensacola, FL 32502</u>	<input type="checkbox"/> Remove
<u>mGRM</u>	<u>Matthew Cosci</u>	<u>7295 Creekwood Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Mobile, AL 36695</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

Matthew Cosci

Signature of a member or authorized representative of a member

Matthew Cosci

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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