

L12 000036647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

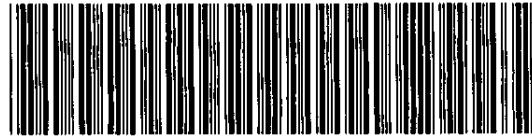
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FNX Technologies, 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:

Samuel B. Reiner, II.

Name of Person

Reiner & Reiner, P.A.

Firm/Company

9100 South Dadeland Blvd., Suite 901

Address

Miami, FL 33156

City/State and Zip Code

sbr@reinerslaw.com

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

For further information concerning this matter, please call:

Diana Escobar

Name of Person

at (**305**) **670-8282**

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

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TALLAHASSEE, FLORIDA

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FNX Technologies, LLC

Page 1 of 3

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

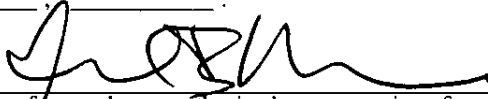
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FELIX OIL & GAS, SLU	9100 S. Dadeland Blvd., Suite 901 Miami, FL 33156	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	FNX OIL&GAS LLC	9100 S. Dadeland Blvd., Suite 901 Miami, FL 33156	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **July 17**

2013



Signature of a member or authorized representative of a member

Samuel B. Reiner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA**