Division of Corporations Electronic Filing Cover Sheet

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(((H14000122620 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : 120120000041

Account Name : F & S PROJECTS CORP

Phone

: (954)482-9681

Fax Number

: (954)482-8696

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 729 SOUTHWEST, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

(HH0001256503)

COVER LETTER

TO:

Registration Section **Division of Corporations**

729 SOUTHWEST 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 FE	RRER		
		Name of Person		
	F&S PROJE	ECTS CORP		
		Firm(Company		
	1920 N COM	MERCE PARK	WAY, STE. #3	
		Address-	,	₩ 2
	WESTON, I	FL. 33326		510 110
		City/State and Zip Code NDSPROJECTS. (to be used for future annual re		INERY 27
For further information co	oncerning this matter, please	•	part notaleanon)	TO B
RAFAEL FE	ERRER	954 ₎	482.9681	第 25
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	e following amount:			
S25,00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filir	ng Peek

Certificate of Status

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is circlosed)

MAJLING 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

729 SOUTHWEST LLC

Page: 3/5

(H1400012262US)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limits	d Liability Compa A Florida Limited	any as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Lie Florida document number L12000145225	ability Company	were filed on 11/16/20	12	_ and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with the w	ords "Limited Liab	pility Company." the designation	m "LUC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	ble:	6750 N ANDREWS	S AVE	
(Principal office address MUST BE A STREET		SUITE # 200		
		FORT LAUDERDA	LE, FL. 33309)
Enter new mailing address, if applicable:		6750 N ANDREWS	S AVE	2814 17
(Mailing address MAY BE A POST OFFICE B	3 <i>0X</i>)	SUITE 3 200		> = - ***
		FORT LAUDERDA	ALE, FL. 3330	92 27
B. If amending the registered agent and/or registered agent and/or the new registered off			cords, enter the	To uame of the nev
Name of New Registered Agent:	F&S PROJ	ECTS CORP		
New Registered Office Address:	1920 N CO	MMERCE PARKWA		
	WESTON		_, Florida <u>3332</u>	26
		City	_, 1 10/, 10/2	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 funtiliar 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.

II Changing Registered Agent, Signature of New Registered Agent

Page 1 of $\hat{\mathcal{S}}$

MGR = Manager

(H140001226203)

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Title Name. Address Type of Action 4840 DAVIS BOULEVARD D Add S CROSS, AJ NAPLES, FL. 34104 Remove □ Add □ Remove □ Add □ Remove CHE CAUCH CORRESPONDENCE CONTROL CORRESPONDENCE COR □ Add ☐ Remove _□ Add _□ Remove

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ective date, Hective date that the	if other than the date must be specific, cannot be p nent is filed by the Plorida D	of filing: prior to date of receipt or tifed date and cannot be s Department of State)	(optional) note than 90 days after
date this docur A A	if other than the date must be specific, cannot be premiss filed by the Plorida D	of filing: prior to date of receipt or filed date and cannot be a 2014	(optional) none man 90 days alter
ding this docur	nent is filed by the Florida D	Separtment of State)	

Page 3 of 3