L12000151105

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SCORTARY PERIAME

B. BOSTICK

JAN 3 0 2013

EXAMINER

COVER LETTER ·

TO:

Registration Section

Division of Corporations

SUBJECT

F4P WORLDWIDE 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:

COLIN CAUGHEY

Name of Person

F4P WORLDWIDE LLC

Firm/Company

4922 LEONARD AVE. S

Address

LEHIGH ACRES, FL 33973

City/State and Zip Code

COLIN@CASHRICHPROPERTIES.COM.AU

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

For further information concerning this matter, please call:

ELIZABETH NICHOLS

....239\321-9314

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

□\$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

F4P WORLDWIDE LLC						
(<u>Name of the Limited Lia</u> (A Flo	ibility Compa orida Limited L	ny as it now appears on (iability Company)	our records.)		-	
The Articles of Organization for this Limited Liabi	lity Company	were filed on 12-04-2	2012	and	assign	ed
Florida document number <u>L12000151105</u>	105					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liab	ility company here:				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limi	ted Liability Company," t	he designation	ı "LLC" or t	he abbr	eviation
Enter new principal offices address, if applicable	e:	4922 LEONARD	AVE S	IAL	ದ	
(Principal office address MUST BE A STREET A	(DDRESS)	LEHIGH ACRES	, FL 33973	A	<u></u>	
·				<u>لَّهُ أَنْ</u>	2	Promise Promis
Enter new mailing address, if applicable:		4922 LEONARD	AVE S	<u> </u>	P# 2:	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	LEHIGH ACRES	, FL 33973	23	<u>က</u>	
						
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>ente</u>	r the nam	e of t	<u>he new</u>
Name of New Registered Agent:	ELIZABETI	H L NICHOLS				
New Registered Office Address:	4922 LEON	NARD AVE S				
		Enter Fi	orida street d	address		
	LEIGH AC		, Florida	33973		
		City		Zip C	ode	
New Registered Agent's Signature if changing Reg	ICTOPAL ARCOST					

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

f Changing/Registered Agent, Stenature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action 2285 FIRST ST DAVID DETTMANN **MGR** Add FORT MYERS, FL 33901 4922 LEONARD AVE S Add MGR **ELIZABETH L NICHOLS** LEHIGH ACRES, FL 33973 Remove Add Remove Remove

lf amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
JAN	UARY 18 ///2012
:u	
_	(Alaxan 1)
_	Signature of a member of authorized representative of a member
_	COLIN CAUGHEY Typed or printed name of signee

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Filing Fee: \$25.00

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