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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 30 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

Name of Person

at (**239**) **321-9314**

Area Code & Daytime Telephone Number

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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

F4P WORLDWIDE LLC

The Articles of Organization for this Limited Liability Company were filed on 12-04-2012 and assigned Florida document number ~~12000151105~~.

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:

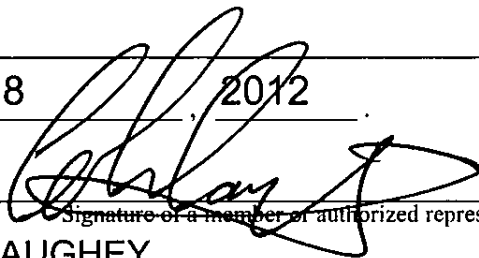
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID DETTMANN	2285 FIRST ST	<input type="checkbox"/> Add
		FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Remove
MGR	ELIZABETH L NICHOLS	4922 LEONARD AVE S	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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 JANUARY 18, 2012



Signature of a member or 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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