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B. BOSTICK

JUL 2 2 2013

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: FPT CHEMICAL SOLUTIONS, 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:	
CHRISTOPHER D. JOHNSON Name of Person	
FPT GLOBAL CHEMICAL SOLUTIONS, LLC Firm/Company	
1433 NW 122 TERRACE	
PEMBROKE PIWES, FL 33026 City/State and Zip Code C. JOHNSON @ FIBER PRO, ORG E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
	1
CHRISTOPHER N. JUHN CAN 954, 347-1244 85 9	
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

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

FPT CHEMICAL	SOCUTION	JS, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our	r records.)
(It i fortal Ellinou E		
The Articles of Organization for this Limited Liability Company	were filed on $05/6$	03/2013 and assigned
Florida document number <u></u> 13 000065516		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FPT GLOBAL CHEMICA The new name must be distinguishable and end with the words "Limit	AL SOLUTIO	NS LLC
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the	designation "LLC" or the abbreviation
"L.L.C."	1.10	7. 2
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	N/A	
		S 5
	1	TO A IT
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s
		Ψ
B. If amending the registered agent and/or registered of		ords, enter the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:	A	
Name of New Registered Agent: 70 /		
New Registered Office Address:		
	Enter Flor	ida street address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this canacity	I further garee to comply with
the provisions of all statutes relative to the proper and comp		
accept the obligations of my position as registered agent as p	-	•
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confir	m that the limited liability
	N/A	
If Char	nging Registered Agent, <u>Signa</u>	ture 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** Add dd Kemove Add Remove

р. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	. N/A ·
Dated	7/16/2013.
	Signature of a member or authorized representative of a member
	C11.45 TOULL D JOHNSON Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00