

617000 171516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

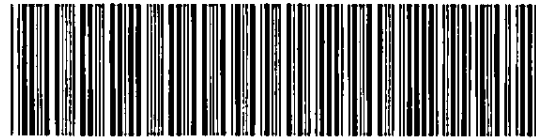
(Business Entity Name)

(Document Number)

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2017 DEC 26 PM 4:33

17 DEC 26 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUPPORT SERVICES OF F.M. 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:

WILLIAM OWENS JR

\_\_\_\_\_  
Name of Person

SUPPORT SERVICES OF F.M. LLC

\_\_\_\_\_  
Firm/Company

203 ROCKCLIFF AVENUE

\_\_\_\_\_  
Address

LEHIGH ACRES, FL 33936

\_\_\_\_\_  
City/State and Zip Code

sharpowens@yahoo.com

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

For further information concerning this matter, please call:

WILLIAM OWENS JR.

570 280-5573  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SUPPORT SERVICES OF F.M. LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 17, 2013 and assigned  
Florida document number L13000131516.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

SUPPORT SERVICES OF F.M. LLC

203 ROCKCLIFF AVENUE

LEHIGH ACRES, FL 33936

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SUPPORT SERVICES OF F.M. LLC

203 ROCKCLIFF AVENUE

LEHIGH ACRES, FL 33936

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

William E Owens Jr

New Registered Office Address:

203 Rockcliff Avenue

Enter Florida street address

Lehigh Acres

City

Florida

17 DEC 26 2013  
11:34  
STATE  
OFFICE  
LEHIGH ACRES  
FLORIDA

**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 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.*

William E Owens Jr

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MACHELLE I OWENS	10265 HERITAGE BAY BLVD	<input type="checkbox"/> Add
		UNIT 621	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34120	<input type="checkbox"/> Change
AMBR	WILLIAM OWENS JR	203 ROCKCLIFF AVENUE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 DEC 26 AM 7:34  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

17 DEC 26 AM 7:34  
LEGISLATIVE DIVISION  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 31 2017

William E Owens Tr.

Signature of a member or authorized representative of a member

WILLIAM OWENS JR

Typed or printed name of signee