

L13000152754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

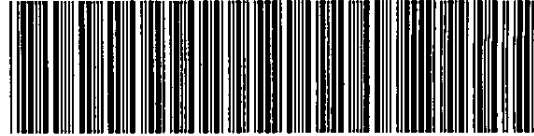
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP - 6 PM 2016

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Handwritten initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAB Fibers, 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:

Margaret V. Woodrough

Name of Person

FAB Fibers, LLC

Firm/Company

5708 Gulfport Boulevard South

Address

Gulfport, Florida 33707

City/State and Zip Code

margo4it@tampabay.rr.com

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

For further information concerning this matter, please call:

Stephens B. Woodrough, Esq.

at **727 898-9009**

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**

FAB Fibers, 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 November 25, 2013 and assigned
Florida document number L 13000152754.

This amendment is submitted to amend the following:

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

N/A

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)

5708 Gulfport Boulevard South

Gulfport, Florida 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Margaret V. Woodrough

New Registered Office Address:

4691 Skimmer Way South

Enter Florida street address

St. Petersburg

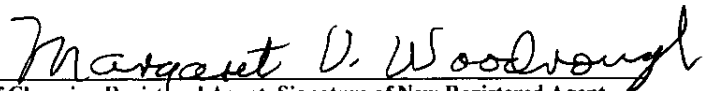
, Florida 33707

City

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 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.


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

Title	Name	Address	Type of Action
MGRM	Margaret V. Woodrough, Co-Trustee*	4691 Skimmer Way South	☒ Add
		St. Petersburg, Florida 33711	☐ Remove
			☒ Change
MGRM	Stephens B. Woodrough, Co-Trustee*	4691 Skimmer Way South	☒ Add
		St. Petersburg, Florida 33711	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

*Co-Trustee of The STEPHENS B. WOODROUGH and MARGARET V. WOODROUGH REVOCABLE LIVING TRUST DATED JULY 26, 2016

FILED
16 SEP - 4
ALLAHASSEE, FLORIDA
SECRETARY OF STATE

16 SEP - 6
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP - 6
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44-38861-100

(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 September 2, 2016

Margaret V. Woodrugh
Signature of a member or authorized representative of a member

Margaret V. Woodrough

Typed or printed name of signee