# 44000041841

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B. BOSTICK
MAR 2 7 2014

**EXAMINER** 

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

## FABULOUS MORANS 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:

Robert J. Hynds

Name of Person

Robert J. Hynds, PL

Firm/Company

1342 Colonial Blvd., Bldg K, Ste 101

Address

Fort Myers, Florida 33907

City/State and Zip Code

moranpallet@gmail.com

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

For further information concerning this matter, please call:

Robert J. Hynds

**...,239**、931-4818

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

FABULOUS MORANS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000041841</u> .	were filed on 03/13/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3940 Metro Parkway #125	_
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, Florida 33916	
Enter new mailing address, if applicable:	1900 CLIFFORD ST APT	505
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33901	
<del>-</del>		
		riter w
B. If amending the registered agent and/or registered o		ter the name of the n
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	City.	Zin Coda

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		
			Remove
<del></del>			Add
			□ Remove
			Add
			Remove
			18% CD CD
			Add
			Remove
			Add
			□ Remove

If amending any other information, enter change(s) here: (Attac	n aaaitional sneets, if necessary.)
-	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
Dated March 18 2014	
Vol A More	
Signature of a member or authorized repr	esentative of a member
John Morań	
Typed or printed name of	

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Filing Fee: \$25.00