14000082244

(i	Requestor's Name)
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DIVISION OF CORFORATIONS

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	FB20 Group	p, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing	
The encloses	d Adderes of	internation and rects) are suc	inited to thing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		Bob Wermelskirchen		
			Name of Person	
			Firm/Company	
		101 S. Gulfstream Ave. 7B	3	
		<u> </u>	Address	
		Sarasota, Florida 34236		
			City/State and Zip Code	
		bobw20@rocketmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Bob Werme	Askirchen		216 533-4329 at ()	
, , , , , , , , , , , , , , , , , , ,	Name o	f Person	Area Code Daytime	c Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 E	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

TO:

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

FB20 Group, 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 May 21, 2014 and assigned Florida document number L14000082244

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 "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	George Gordon	1701 Livingston Street	
		Sarasota, FL 34231	■ Remove
			Change
			Add
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Filing Fee: \$25.00