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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

FL ALLIANCE BUILDERS GROUP 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:

## **IVAN HERNANDEZ**

Name of Person

## FL ALLIANCE BUILDERS GROUP LLC

Firm/Company

4595 PALM BEACH BLVD #3

Address

FORT MYERS, FL 33905

City/State and Zip Code

GLOBALSTAFFINGFL@GMAIL.COM

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

For further information concerning this matter, please call:

## IVAN HERNANDEZ

863 623-7115

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

#### FL ALLIANCE BUILDERS 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 Lia Florida document number L14000100946	ability Company were filed on JUNE 24, 20	14 and assigned	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with the w	words "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	T ADDRESS)		
		A CO	
		AR 5	
Enter new mailing address, if applicable:	<del></del>	<u> </u>	
(Mailing address MAY BE A POST OFFICE E	<u></u>		
		<b>三</b> の ニー	
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office address on our records fice address here:	, enter the pame of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		orida	
	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 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 = Manager

AMBR = Authorized Member **Address Type of Action** <u>Title</u> <u>Name</u> 4595 PALM BEACH BLVD #3 IVAN HERNANDEZ **AMBR** FORT MYERS, FL 33905 \_ Remove □ Add ☐ Remove ☐ Add ☐ Remove \_□ Add ☐ Remove \_\_\_\_ 🗆 Add ☐ Remove

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 date this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
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The effective date must be specific, cannot be prior to date of receipt or filed dathe date this document is filed by the Florida Department of State)	ate and cannot be more than 90 days after

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Filing Fee: \$25.00