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SEURETARY OF STATE
TALLAHASSEE FLOOR



COVER LETTER

	istration Se ision of Cor			
SUBJECT:	Foozo Li	LC		
SUBJECT.		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Nathaniel Perez		
			Name of Person	
		Foozo LLC		
			Firm/Company	·
		9560 E Broadview D	Dr.	
			Address	
		Bay Harbor Islands,	FL 33154	
			City/State and Zip Code	
		nat.perez@gmail.cor	n to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please c		,
Nathaniel	Perez		786 325-9535	
•	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling 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)
	Registra	NG ADDRESS: ation Section of Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building	າ

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foozo LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Laboration for this Limited Liability Complete Laboratory Complete	pany were filed on 01/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and end with the words "Limited	I Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · ·
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u>S)</u>	
		CD CD
Inter new mailing address, if applicable:		7 66 5
Mailing address MAY BE A POST OFFICE BOX)		AR R
willing will ess harm born	· · · · · · · · · · · · · · · · · · ·	∑
•	-	
3. If amending the registered agent and/or registere	ed office address on our records, en	ter the name of the n
egistered agent and/or the new registered office address	here:	RA:
		₽
Name of New Registered Agent:		· ·
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
	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	s, enter the title, name, and address of each Manager of
Authorized Member being added or removed from our records:	

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shimon Haddad	3019 Chiquita Blvd South	A dd
		Cape Coral, FL 33914	□ Remove
		· · · · · · · · · · · · · · · · · · ·	
	•		
			Remove
			——————————————————————————————————————
			Add
•			□ Remove
			□ Add
			Remove
			<u></u>
<u></u>			Add
			Remove
			Remove

t amending any other information, e	inter change(s) here: (A	uach additional sheets, if necessary.)
 		
ffective date if other than the date of	of filing:	(antional)
Effective date, if other than the date the effective date must be specific, cannot be proper date this document is filed by the Florida D		tte and cannot be more than 90 days after
Thursday March 19	2015	
Signat	ure of a member or authorized	representative of a member
	are or a member of additionated	,
Nathaniel Perez	are of a member of additionable	

Page 3 of 3

Filing Fee: \$25.00