L150000353ZL

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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09/14/20--01020--011 **25.00

D. BRUCE

oct 21 2020

COVER LETTER

SUBJECT: F	S Advisors Name of Limit	International ited Liability Company	1, LLC		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	DAR	J. A. SORFATS Name of Person	i, Esp		
	SAKFI	Firm/Company	LAWPA		
	2670	NE 215# 5	treet		
	Au	utua, FL 3318	د		
	Dav	City/State and Zip Code Sartatil	aw.com	~	
For further information co	E-mail address: 0 oncerning this matter, please ea	to be used for future annual report notifult:	(ication)	2020 SEP	
Name of	Person	at (305) 467 Area Code Daytime	: Telephone Number	THE AN TO	- 140 - 140 - 150 - 150
Enclosed is a check for the	e following amount:			7:57	
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Signature Certified Copy (additional copy is	Status &	
		Serve Address			

Mailing Address: Registration Section Division of Corporations

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Wer	tiled on	<u>0</u> 25/2	5/201	تا and ass	signed
Florida document number L15000 353	26.	. med 011 _	77	- / -		
	 :					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability	company	<u>iere</u> :			
The new name must be distinguishable and contain the words "L	imited Liability Co	mpany," the	designation "	LLC" or the a	ibbreviation "L	L.C."
		620	NP	215	th Sta	as +
Enter new principal offices address, if applicable:		L JOY	NA ANDA	<i>E</i> , 2	th Str 3100	
(Principal office address MUST BE A STREET ADL	<u> </u>	<u> Fwei</u>	MMA	763	5170_	
					th ch	ـــــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable:	•	267 C	3 <u>7</u> C	215	地 5+	een _
(Mailing address MAY BE A POST OFFICE BOX)	_	avent	ma E	<u>- 3318</u>	*	-
B. If amending the registered agent and/or register agent and/or the new registered office address here		ess on our	records, <u>er</u>	iter the nai	<u>me of the ne</u>	w registered
Name of New Registered Agent:	Dan	Α.	Sarf	odi, E8	Sq. <u>;</u>	2020 8
Name of New Registered Agent: New Registered Office Address:	Dan 2670	A. Ne s	Sarf us-ts	odi, Es	9.30 et	2020 SEP
	Dan 2670	NE 7	Sarf us #3 forida street ac		9.36	2020 SEP 14
	Dan 2670 Avent		Sarf us ts forida street ac	Streethress . Florida_		
New Registered Office Address:			Sarf us-ts forida street ad		331 CC Zip Code	7: A
	red Agent:	M^ City		, Florida _	Zip Code	14 A) 7: 57

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>	Name	Address	Type of Action
			□Add
			Remove
			[Change
			□Add
			□Remove
			□Change
			🗀 Add
		, 	□Remove
			Changes 820 SEP 14
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n effective date ote: If the dat	if other than the is listed, the date in this bestive date on the	ust be s <u>pecific a</u> nd block does not m	cannot be prior to neet the applicab	date of filing or m	(0] ore than 90 days a 2 requirements,	fter filing.) Pursuan	t to 605.02

Filing Fee: \$25.00