

US00052206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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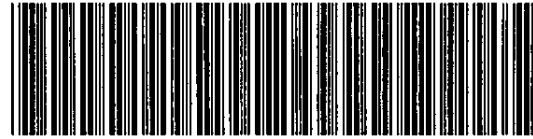
(Business Entity Name)

(Document Number)

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S. YOUNG

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TALLAHASSEE, FLORIDA  
16 NOV -7 PM 4:22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FS 105 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:

Maria Quesada

Name of Person

Firm/Company

7194 W 12th Ave

Address

Hialeah, FL 33014

City/State and Zip Code

cuqui22@hotmail.com

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

For further information concerning this matter, please call:

Maria Quesada

at ( 786 ) 423-3696

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

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TALLAHASSEE, FLORIDA  
10 NOV - 7 PM 4: 22

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FS 105 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 9/4/2015 and assigned Florida document number L15000152206.

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 "L.L.C."

Enter new principal offices address, if applicable:

7194 W 12th Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Hialeah, FL 33014

Enter new mailing address, if applicable:

7194 W 12th Ave

**(Mailing address MAY BE A POST OFFICE BOX)**

Hialeah FL 33014

**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:

Maria Quesada

New Registered Office Address:

7194 W 12th Ave

*Enter Florida street address*

Hialeah

*City*

Florida 33014

*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

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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>   | <u>Address</u>                           | <u>Type of Action</u>                      |
|--------------|---------------|--|--|
| MGR          | Maria Quesada | 7194 W 12th Av, Hialeah FL 33014         | <input checked="" type="checkbox"/> Add    |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
| MGR          | STORES FS LLC | 848 BRICKELL AV SUITE 305 MIAMI FL 33131 | <input type="checkbox"/> Add               |
|              |               |  | <input checked="" type="checkbox"/> Remove |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
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