

L15 0000203319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

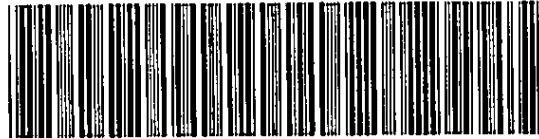
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300396454673

10/31/22--01015--001 --35.00

FILED
2022 OCT 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

Fazi LLC

SUBJECT: _____
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:

Delise Bowen

Name of Person

Fazi LLC

Firm/Company

3047 Saint Andrews Way

Address

Tallahassee, FL 3212

City/State and Zip Code

kdbowen95@gmail.com

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

For further information concerning this matter, please call:

Delise Bowen

954

934-4208

at (_____) _____

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 Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 31 PM 4:53

FILED

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

Fazi 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 12/09/2015 and assigned
Florida document number L15000203319.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fazi LLC - A Construction Management Group

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:

(Principal office address MUST BE A STREET ADDRESS)

2637 E. Atlantic Blvd. #1407

Pompano Beh. FL. 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2637 E. Atlantic Blvd. #1407

Pompano Beh. FL. 33062

FILED
2022 OCT 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Delise Bowen

New Registered Office Address:

2637 E. Atlantic Blvd. #1407

Enter Florida street address

Pompano Beh

City

Florida 33062

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 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>
OMST	Delise Bowen		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2637 E. Atlantic Blvd. #1407, Pompano Bch, FL 33061	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 OCT 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 31 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10-25, 2022

Julse Bauer

Signature of a member or authorized representative of a member

Delise Bowen

Typed or printed name of signee

Filing Fee: \$25.00