FILEU

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06/25/2029 04/88 EM 400 1850 PROM 5875575904

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001975173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Consulting @ larsonacc.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN F&L UNION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO: Registration S Division of Co			
F&L UNI	ON LLC		
SUBJECT:	Name of Limi	ited Liability Company	·····
The enclosed Articles o	f Amendment and fee(s) are sub-	mined for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CAROLINE LARSON		
		Name of Person	·
	LARSON ACCOUNTING	GROUP	三
		Firm/Company	TANAS
	7901 KINGSPOINTE PKY	WY STE 17	
	<del></del>	Address	SIE
	ORLANDO, FI. 32819		E.F. Comme
	consulting(a farsonace.com		₩ <b>₩</b>
		to be used for future annual report notifi-	aiton)
	concerning this matter, please of		
ANDRE RODRIGO L		407 969-5968 at ()	
Name	of Person	Area Code Daytime	l'elephone 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)
	LING ADDRESS: stration Section	STREET/COURTE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F&L UNION LLC				
(Name of the Limit	ed Liability Compa (A Florida Finited)	ny as it now appears on our ( Jabdity Company)	records.)	<del></del>
The Articles of Organization for this Limited Li Florida document number <u>L16000006334</u>	ability Company	were filed on 01/08/2016	<del></del>	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"I.I (" or the abb	revializă "L.L.C."
Enter new principal offices address, if applic	able:	7206 RAMBLING WAT	TER WAY	
Principal office address MUST BE A STREE	TADDRESS)	WINDERMERE, FL 34	786	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	7206 RAMBLING WAT WINDERMERE, FL 34	TER WAY	A C
B. If amending the registered agent and/ registered agent and/or the new registered of	Tice address her		ecords, <u>enter</u> (	he name of the
Name of New Registered Agent:	7001 (1)(100	ADDETE BUSING CTU 13		
New Registered Office Address:	7901 KINGSP	OINTE PKWY STE 17  Enter Florida street	address	
	ORLANDO	Crace 1 racion su cer	•	19
		Cuy	, Florida <u></u>	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

MChanging 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

Title	Name	<u>Address</u>	Type of Action
MGR	LAZZURI, ANDRE RODRIGO	12796 GARRIDAN AVE	🖸 Add
		WINDERMERIE, FL 34786	
			≅ Remove
			☐ Change
MGR	OUARTE LAZZURI, VIVIANE	12796 GARRIDAN AVE	
		WINDERMERE, FL 34786	■ Remove
			☐ Change
MGR	JOAO LUIS DIAS DE SOUZA	7206 RAMBLING WATER WAY	SAID JUN
		WINDERMERE, FL 34786	DRemove >
			Chiange >
<del></del>			- Kill 1
			□ Remove
			Change
			Remove
			☐ Change
			D Add
			Remove
			Charma.

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	<b>→</b>
	27 F
	7-
F. Effective date, if other than the date of filing:	(optional)  prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not be listed as ords.
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier o
Dated June 25th 2019	
	•

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Typed or printed name of signee

Filing Fee: \$25.00