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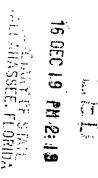
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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor	
	Records LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following:
	Alex Cohen
	Name of Person
	Foundation Records LLC
	Firm/Company
	2529 Edgewater Drive
	Address
	Orlando, FL 32804
	City/State and Zip Code
	alexcohen407@gmail.com E-mail address: (to be used for future annual report notification)
For further information or	oncerning this matter, please call:
Alex Cohen	239 734-1006 at () F Person Area Code Daytime Telephone Number
Name of	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foundation Records LLC					
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)			
The Articles of Organization for this Limited I	Liability Company we	ere filed on 2/24/16	an	d assig	ned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liabilit	y company here:			
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or	the abbreviation	on "L.L.	C."
Enter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>				
3. If amending the registered agent and egistered agent and/or the new registered of		e address on our records, e	enter the ma	ım Ed	the n
Name of New Registered Agent:		Alex Cohen	ASSEE	67.3	f
New Registered Office Address:	206 N Mills Ave	Enter Florida street address	FLOR		1 i i
	Orlando		la 32801	Co.	
		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 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
MGR	Guy J Salvadore	14528 Jekyll Island Ct	
		Naples, FL 34119	
			☐ Change
MGR	Peter Cohen	206 N Mills Ave	
		Orlando, FL3280}	□ Remove
			Change
MGR	Alex Cohen	206 N Mills Ave	
		Orlando, FL 32801	Remove
			To Charge
	<u></u>		Add Add Remove
			Change
			□ Remove
			☐ Change
			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00