

L160000046098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2017

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FGVC HOLDINGS 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:

FERNANDO GARCIA  
Name of Person

FGVC HOLDINGS LLC  
Firm/Company

30122 FIVE FARMS AVENUE  
Address

WESLEY CHAPEL FL 33543  
City/State and Zip Code

FGARCIA@FGOLOGISTICS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO GARCIA at (973) 803 9919  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

F G V C HOLDINGS LLC

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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>
AMBR	VIVIANA CADME LOPEZ	30122 FIVE FARMS AVE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL FL 33542	<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
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17 AUG 28 AM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 AUG 28 AM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

Dated \_\_\_\_\_,

Signature of a member or authorized representative of \_\_\_\_\_  
 FERNANDO GARCIA  
 Typed or printed name of signee

Typed or printed name of signee