

L16 000068771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

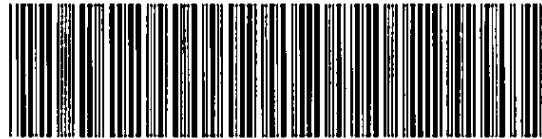
(Business Entity Name)

(Document Number)

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SEP 28 2020

FILED
2020 SEP 29 PM 2:00
TALLAHASSEE
FLORIDA

D BRUCE
NOV 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FATBOYZ ERECTING 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:

CLIFF CASTELLS

Name of Person

FATBOYZ ERECTING LLC

Firm/Company

17623 48TH CT N

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

fatboyzerecting@gmail.com

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

For further information concerning this matter, please call:

CLIFF CASTELLS

662 883-1714
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

SECRET
TALLAHASSEE
FL
DIVISION OF CORPORATIONS

2020 SEP 29 PM 3:00

FILED

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

FATBOYZ ERECTING 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 04/06/2016 and assigned
Florida document number L16000068771.

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:

(Principal office address MUST BE A STREET ADDRESS)

17623 48TH CT N
Loxahatchee, FL
33470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CLIFF CASTELLS

New Registered Office Address:

17623 48TH CT N

Enter Florida street address

LOXAHATCHEE

City

Florida

33470

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>
AMBR	BRUS. MICHELE L	16380 67TH CT N	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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20 SEP 29 12:00
FALL HARBOR, FL


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DECLASSIFIED
2020 SEP 29 PM 2:05
SECURITY INFORMATION
ITALIAN DISSEM.
Pursuant to 605.0207 (3)(b)
It will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/21/20



Signature of a member or authorized representative

CLIFF CASTELLS

Typed or printed name of signee

Filing Fee: \$25.00