

L16000 077 389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

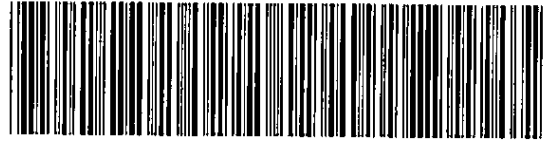
(Business Entity Name)

(Document Number)

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2019 AUG 13 PM 6:33

Amend

AUG 13 2019

LABRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FSUC LITTLE HARBOR HOLDINGS, L.L.C.

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:

DANIEL FRIEDMAN

Name of Person

FSUC LITTLE HARBOR HOLDINGS, L.L.C.

Firm/Company

1443 DEL PRADO BLVD SOUTH, SUITE B

Address

CAPE CORAL, FL 33990

City/State and Zip Code

daniel@herculesnow.com

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

For further information concerning this matter, please call:

DANIEL FRIEDMAN

239 440-7898

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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

FSUC LITTLE HARBOR HOLDINGS, L.L.C.

(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 04/20/2016 and assigned
Florida document number L16000077389

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)

1443 DEL PRADO BLVD SOUTH, SUITE B

CAPE CORAL, FL 33990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1443 DEL PRADO BLVD SOUTH, SUITE B

CAPE CORAL, FL 33990

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:

DANIEL FRIEDMAN

New Registered Office Address:

1443 DEL PRADO BLVD SOUTH, SUITE B

Enter Florida street address

CAPE CORAL

City

Florida 33990

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>
MGR	LEIENDECKER, GUIDO	5731 KENSINGTON LOOP	<input type="checkbox"/> Add
		FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRIEDMAN, DANIEL	1443 DEL PRADO BLVD	<input type="checkbox"/> Add
		SOUTH. SUITE B	<input type="checkbox"/> Remove
		CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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8/7/19

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.

(b) The 90th day after the record is filed.

Dated 8/7 2019

Signature of a member or authorized representative of a member

DANIEL FRIEDMAN
Typed or printed name of signee