

L16000086865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000293052320

01/27/17--01019--012 \*\*55.00

FILED  
17 JAN 27 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JAN 30 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FABIAN BROTHERS TANSPORT 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:

LINDA MCLAUGHLIN

\_\_\_\_\_  
Name of Person

DOYLE TAX SERVICES, LLC

\_\_\_\_\_  
Firm/Company

43 RED BANK DR

\_\_\_\_\_  
Address

SICKLERVILLE, NJ 08081

\_\_\_\_\_  
City/State and Zip Code

fabiantransport8183@gmail.com

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

FILED  
17 JAN 27 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LINDA MCLAUGHLIN

856

401-0367

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/COURIER ADDRESS:**

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

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

FABIAN BROTHERS TRANSPORT 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 MAY 3 2016 and assigned  
Florida document number L16000086865.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FABIAN TRANSPORT LLC

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)

CHRISTOPHER FABIAN

11132 ROCKPORT ST

ORLANDO, FL 32836

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
**17 JAN 27 AM 11:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

CHRISTOPHER FABIAN

New Registered Office Address:

11132 ROCKPORT ST

*Enter Florida street address*

ORLANDO

*City*

Florida 32836

*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.*

  
Chris Fabian  
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	STEVEN FABIAN	40 FAIRVIEW AVE	<input type="checkbox"/> Add
		BLenheim, NJ 08012	<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JAN 27 AM 11:43

FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

CHRISTOPHER FABIAN IS NOW 100% OWNER OF SHARES AS OF 12/31/16

FILED  
17 JAN 27 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: 1-23-2017 (optional)**

(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)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated January 23, 2017.

Chris Fabian

Signature of a member or authorized representative of a member

Chris Fabian

Typed or printed name of signee