

L16000215067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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17 JAN 27 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FeteSoca 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:

Justin Ball
Name of Person
FeteSoca LLC
Firm/Company
7044 Hollowell Drive
Address
Tampa, FL 33634
City/State and Zip Code
fetesoca@6mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Ball at (813) 389-5893
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF

FeteSoca 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 November 28, 2016 and assigned Florida document number L16000215067.

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)

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:

Justin Ball

New Registered Office Address:

Enter Florida street address.

Florida

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.

Justin Ball

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/managed	Justin Ball		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MGR/managed	<input checked="" type="checkbox"/> Change
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FILED
JUL 27 2011
STATE OF FLORIDA
TALLAHASSEE

SECRET
FALL 1977
JAN 27 1977
PM 2 27
on the earlier of

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

Dated _____, _____

Austin Ball
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Justin Ball

Typed or printed name of signee