

L16000217649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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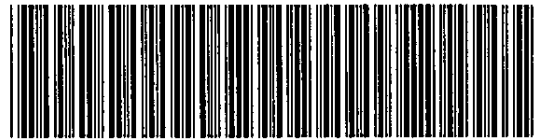
(Business Entity Name)

(Document Number)

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S. YOUNG

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FIRM BUREAU SERVICES, 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:

Travon Fort

Name of Person

THE FIRM BUREAU SERVICES, LLC

Firm/Company

915 MIDDLE RIVER DR #410

Address

Ft Lauderdale, FL 33304

City/State and Zip Code

info@thefirmbureau.com

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

For further information concerning this matter, please call:

Travon Fort

Name of Person

at (954) 226-1030

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB 21 AM 11:06

TO
ARTICLES OF ORGANIZATION
OF

THE FIRM BUREAU SERVICES, 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 11/29/16 and assigned
Florida document number L16000217649.

This amendment is submitted to amend the following:

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

THE FIRM BUREAU SERVICES, 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)

915 MIDDLE RIVER DR.

Suite 410

FT. LAUDERDALE, FL 33304

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:

New Registered Office Address:

915 MIDDLE RIVER DR SUITE 410

Enter Florida street address

FT LAUDERDALE, Florida 33304

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Henry Chambers	915 Middle River Dr #410	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 February 16, 2017 

Signature of a member or authorized representative of a member

TRAVON FORT

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000217649
FILED 8:00 AM
November 30, 2016
Sec. Of State
slingleton

Article I

The name of the Limited Liability Company is:
THE FIRM BUREAU SEVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1940 HARRISON STREET
304
HOLLYWOOD, FL. 33020

The mailing address of the Limited Liability Company is:
1940 HARRISON STREET
304
HOLLYWOOD, FL. 33020

Article III

The name and Florida street address of the registered agent is:
FORT Q TRAVON
1940 HARRISON ST
304
HOLLYWOOD FL, FL. 33020

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: FORT TRAVON

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 FEB 21 AM 11:06

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
TRAVON Q FORT
1940 HARRISON STREET
HOLLWOOD, FL. 33020

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FILED 8:00 AM
November 30, 2016
Sec. Of State
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Article V

The effective date for this Limited Liability Company shall be:

11/29/2016

Signature of member or an authorized representative

Electronic Signature: TRAVON FORT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 21 AM 11:06