## L17000032720

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Sources Shell, Hame,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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(2) Fills: 57

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## COVER LETTER

TO:

Registration Section

Division of Co	rporations		
FNBC Flo	rida, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sul	omitted for filing.	
	ondence concerning this matter	-	
Transcription and correspond	ondence concerning this matter	with the tollowing.	
	Karla M. Carter		
	<del></del>	Name of Person	<del></del>
	FNBC Florida, LIC		
	<del></del>	Firm/Company	
	1200 N.W. 17th Ave. Suit	e 1	
		Address	
	Delray Beach, Florida 334	45	
	<del></del>	City/State and Zip Code	
	kcarter@fnbcflorida.com	to be used for future annual report no	Total Control
For further information of	concerning this matter, please c		uncanon)
Karla M. Carter		561 265-1404	
Name o	of Person	at () Area Code Daytii	ne Telenhone Number
Enclosed is a check for t	he 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 Addres Registration S		Street Address:	aution
Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200 A. - 27 PT 10: 77

any as it now appears on our records. Liability Company)	)
/ were filed on 06/19/2017	and assigned
pility company here:	
ility Company," the designation "LLC"	or the abbreviation "L.L.C."
~ <del>~~</del>	
address on our records, <u>enter th</u>	ne name of the new register
Enter Florida street address	
, Flor	ida Zip Code
	address on our records, <u>enter the</u> Enter Florida street address

## 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>	2020 aT = 2.7 2.142 5.7 Address	Type of Action
AMBR	Karla M. Carter	6761 Windpoint Way	<b>≡</b> Add
		Lake Worth, FL 33467	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			🗆 Change
			🗖 Add
			□Remove
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			Remove
			□Change

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	ve date, if other than the date of filing: (optional)
effe <u>e:</u> ]	ve date, if other than the date of filing:
cord Hile	I 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 ed.
ed_	$\frac{1}{\sqrt{2}} \frac{1}{\sqrt{2}} \frac{1}{\sqrt{2}$

Typed or printed name of signee