

L17000040945

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

JUSTIN FUHRMANN
9655 E BAY HARBOR DR APT 7N
BAY HARBOR ISLES, FL 33154

SUBJECT: JUSTIN FUHRMANN P.A. LLC
Ref. Number: L17000040945

We have received your document for JUSTIN FUHRMANN P.A. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ||

The name and title of the person signing the document must be noted beneath or opposite the signature. ?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 217A00009696

RECEIVED

2017 MAY 30 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAY 30 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUSTIN FUHRMANN P.A. 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 FUHRMANN

Name of Person

Firm/Company

9655 E.BAY HARBOR DR. APT.7N

Address

BAY HARBOR ISLES,FL.33154

City/State and Zip Code

INVESTJUST@AOL.COM

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

For further information concerning this matter, please call:

JUSTIN FUHRMANN

786

797 2423

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

FILED
17 MAY 30 AM 8:56
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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

JUSTIN FUHRMANN P.A.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 FEB.21,2017 and assigned
Florida document number L17000040945

This amendment is submitted to amend the following:

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

JUSTIN FUHRMANN 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)

9655 E. BAY HARBOR DR.
7N
BAY HARBOR ISLS, FL. 33154

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:

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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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.

Dated MAY 22, 2017

Hulman
Signature of a member

Signature of a member or authorized representative of a member

Justin Fuhrman - AMBA
Typed or printed name of signee

Typed or printed name of signee

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27 MAY 30 AM 8:56
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TALLAHASSEE, FLORIDA