

L17000051156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

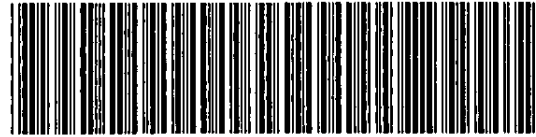
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296974961

03/27/17--01037--016 **60.00

FILED
17 MAR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F&M Shipping Services Inc.
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:

Filbert Francois
Name of Person

F&M Shipping Services Inc.
Firm/Company

7811 Caversham Dr
Address

Elkins Park PA 19027
City/State and Zip Code

FilFr2@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Filbert Francois at (215) 782 8428
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 MAR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

F&M Shipping Services Inc.

(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 March 06, 2017 and assigned Florida document number L17000051156.

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:

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>
MGR	Joel Mentor	2199 NW South River Dr	<input type="checkbox"/> Add
		Miami Fl. 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles Gerard Jr	5965 Deerfield Place	<input type="checkbox"/> Add
		Miami Fl. 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Myriam François	5965 Deerfield Place	<input type="checkbox"/> Add
		Miami Fl. 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francois Matthew	5965 Deerfield Place	<input type="checkbox"/> Add
		Miami FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Francois Marie O	7811 Caversham Dr	<input type="checkbox"/> Add
		Elkins Park PA 19027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elbert François	7811 Caversham dr	<input checked="" type="checkbox"/> Add
		Elkins Park PA 19027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAR 27 PM 1:10
TALLAHASSEE FLORIDA
SECRETARY OF STATE

17 MAIN
SECRETARY
TAL. AIR. SET

FILED
MAR 27 PM 1:16
117
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 March 23rd, 2017.

Signature of a member or authorized _____

Filbert François