

L71000054417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

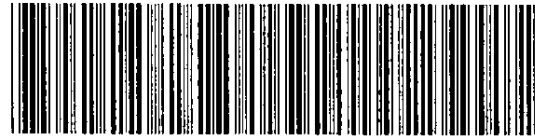
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100300327091

06/22/17--01020--009 **25.00

FILED
17 JUN 22 AM 8:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FX GLOBAL PIP NINJA 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:

CLARENCE WILLIAMS

Name of Person

CLARENCE WILLIAMS, PA

Firm/Company

2571 ARAGON BLVD #122

Address

SUNRISE, FL 33322

City/State and Zip Code

cwwilliams19@gmail.com

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

For further information concerning this matter, please call:

Clarence Williams

954

708 8999

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

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

FX GLOBAL PIP NINJA 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 03/13/2017 and assigned
Florida document number 117000056417.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2571 ARAGON BLVD #122

SUNRISE, 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2571 ARAGON BLVD. #122

SUNRISE, FL 33322

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:

ANGIE PERKINS

New Registered Office Address:

2571 ARAGON BLVD. #122

Enter Florida street address

SUNRISE

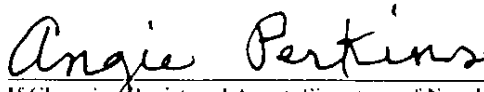
Florida 33322

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	CRS GROUP SERVICES INC	2505 HARBORSIDE BLVD	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGIE PERKINS	2571 ARAGON BLVD, #122	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLARENCE WILLIAMS	25050 HARBORSIDE BLVD	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 22 AM 8:49
TALLAHASSEE, FLORIDA

17 JUN 22 A
0300Z (MID) B
ALLAHASSEE.

17 JUN 22 AM 8:49
 MILWAUKEE, WISCONSIN
 MILWAUKEE, WISCONSIN

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.

7- Dated June 1, 2017
Cedric Stubbs as mgr for CRS Group Services Inc
 Signature of a member or authorized representative of a member
CEDRIC STUBBS
 Typed or printed name of signee