11700081643

(1	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	···

Office Use Only



300304129413

10/06/17 - 01000 - 003 - **25.66

17 OCT -6 PM 1: 55 Sever Art Of STATE All allassee frord.

S. WARREN 0CT 0 9 2017

COVER LETTER

	gistration Sec vision of Corp						
01111 III 0M		TRUCTION LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please returi	n all correspon	ndence concerning this matter	to the following:				
		Odijas Caminha					
			Name of Person DGC Associates PA Firm/Company 275 W Hillsboro Blvd STE 306 Address Deerfield Beach FL 33442 City/State and Zip Code GC@OGCASSOCIATES.COM E-mail address: (to be used for future annual report notification) rning this matter, please call: 954 708-2817 at (
		OGC Associates PA					
	Firm/Company						
		3275 W Hillsboro Blvd S	STE 306				
			Address				
		Deerfield Beach FL 334	442				
			· · · · · · · · · · · · · · · · · · ·				
			·	ication)			
For further i	nformation co	oncerning this matter, please co	all:				
Odijas Cam	iinha						
Name of Person		Person		Telephone Number			
Enclosed is	a check for th	e following amount:					
■ \$25.00 F	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:

TO:

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**

FBN CONSTRUCTION LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	_)
The Articles of Organization for this Limited Liability Company		
Florida document number L17000081643		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	, - · · ·
	e performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is the limited liability

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>	Type of Action
MGRM	JEFF BUCCI	1685 SW 15TH ST	
		BOCA RATON FL 33486	Remove
			□ Change
			Add
			□ Remove
		 	☐ Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			☐ Remove
			And Control of the co
			FILED Remove TAIL See, Filonio A
			RIO A Change

	<u> </u>							
_							<u></u>	
-	-	<u>-</u>			 _			
_								
_								
_								
			-					_
		-				_	<u> </u>	
_				_				
_								
_					_			
								- -
								
_				 _	<u> </u>			
_		· · · · · · · · · · · · · · · · · · ·					 .	
								
_					 .			
fectiv	e date, if other than	the date of fil	ling:			_ (optional	1)	
ガリ じいげか	tive date is listed, the date the date inserted in th	e musi ne specime.	and cannot be any	ar to date of tiling a	ar man than 00 d	many and the second		605.020
cumer	nt's effective date on th	he Department o	of State's record	S.	mig requireme	nus, uns gai	e will not be	ustea a
	wd awasifias - 4.1.	- 1 66 11						
Heco The 9	rd specifies a dela Oth day after the	record is file	e date, but n d.	ot an effectiv	e time, at 1	2:01 a.m.	. on the ea	rlier o
	EPTEMBER 29		2017					
ç			_ ;	·			₩ ±	
ç		~						
ç							53 8	
ç	,	Signature of	a member or auth	norized representa	tive of a member			FI
	JEFF BUCCI	Signifure of	a member or auth	norized representa	tive of a member		OCT -6 PM	(,)

Page 3 of 3

Filing Fee: \$25.00