

L17000084528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

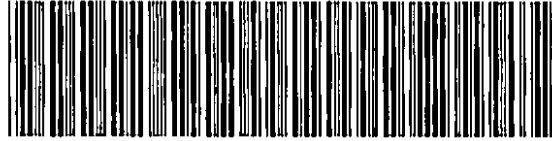
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/08/17--01016--025 \*\*25.00

FILED  
17 DEC 11 PM 3:52  
FALLS CHURCH, VA  
FALLS CHURCH, VA

L17000084528



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 DEC 11 AM 9:11

November 30, 2017

NICHOLAS PERAINO  
619 N 61ST AVE  
PENSACOLA, FL 32506

SUBJECT: FRETGOOD AMPS LLC  
Ref. Number: L17000084528

We have received your document for FRETGOOD AMPS 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):

You failed to make the correction(s) requested in our previous letter.

To remove a member/manager, please indicate that action on page 2 of the amendment application.

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 317A00024119



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2017

NICHOLAS PERAINO  
619 N 61ST AVE  
PENSACOLA, FL 32506

SUBJECT: FRETGOOD AMPS LLC  
Ref. Number: L17000084528

2017 NOV 27 PM 1:34  
MAIL ROOM

We have received your document for FRETGOOD AMPS 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):

The attached form must be completed in order to file the document.

Member resigning has to sign form that was submitted in or you may complete the form enclosed.

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 117A00022858

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

Fretgood Amps 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 4/17/17 and assigned Florida document number L17000084528

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)

619 N 61st Ave  
Pensacola, FL 32506

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:

Nicholas Perraino (owner)

New Registered Office Address:

619 N. 61st Ave

Enter Florida street address

Pensacola

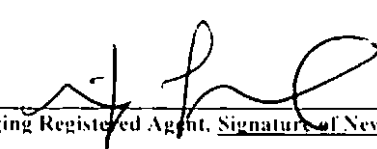
City

Florida 32506

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          | Michael Sundman | 122 Orchard Hill Rd | <input type="checkbox"/> Add               |
|              |                 | Littleton, NH 03561 | <input checked="" 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            |
|              |                 |                     | <input type="checkbox"/> Add               |
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|              |                 |                     | <input type="checkbox"/> Add               |
|              |                 |                     | <input type="checkbox"/> Remove            |
|              |                 |                     | <input type="checkbox"/> Change            |
|              |                 |                     | <input type="checkbox"/> Add               |
|              |                 |                     | <input type="checkbox"/> Remove            |
|              |                 |                     | <input type="checkbox"/> Change            |

17 OCT 11 PM 3:52  
MAIL ROOM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My initial submission - to  
remove Michael Sundman from  
the company. I sent \$25 check  
and a disassociation agreement with  
signatures. The check was  
cashed/deposited.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Nick Peraino

Typed or printed name of signee