## L17000 104667

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	Fand F Fang Name of Limi	17 Group Ll ited Liability Company	<u>, C</u>
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Raymond F	Name of Person	
	Fand F Fa	Firm/Company	
		ami trail Suit	
	Vanice.	FL 34293	20 F
	Rwy & Fand E-mail address: (1	FL 34293 City/State and Zip Code Fdl519NS. Com o be used for future annual report not	ification)
For further information	concerning this matter, please ca		₩.
Rwymond Name	Faroundi of Person	at ( <u>GUI)</u> 735 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 Addre Registration Division of O	Section	Street Address: Registration Se Division of Co	
P.O. Box 63		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fand F family	Troup LCO
(A Florida Lin	Company as it now appears on our records.) mited Liability Company)
	npany were filed on Moy 10, 2017 and assigned
Florida document number <u>L17000104667</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	(23)
	المان
	一直的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX)	20 7
	77. 8
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
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>	Address	Type of Action
AMBR	Erolind Lino Dumani	1357-3 Tamiani tol S 118 Venice	FC 34293 2□Add
			_ <b>X</b> Remove
			_ □Change
			_ □Add
			Remove
			_ □Change
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more  ote: If the date inserted in this block does not meet the applicable statutory filing in the content of the date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605,02 requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or is filed.	the earlier of: (b) The 90th day after th
ated 9/18/2024.  Production of a member or authorized representative of	