

L17000154755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

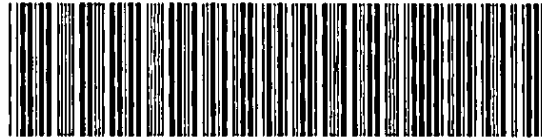
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DIVISION OF CORPORATIONS
2017 JUL 26 AM 10:09

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AUG 11 2017

Book date

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FABULASH ARTISTRY 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:

GLANEFER C. ROSS

Name of Person

FABULASH ARTISTRY LLC

Firm/Company

3948 3RD ST. S 48

Address

JACKSONVILLE BEACH FL 32250

City/State and Zip Code

fabulartistry@gmail.com

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

For further information concerning this matter, please call:

GLANEFER ROSS

904

329-5087

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

COVER LETTER

O: Registration Section
Division of Corporations

UBJECT: FABULASH ARTISTRY LLC

Name of Limited Liability Company

RECEIVED
2017 JUL 26 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIANEFER C. ROSS

Name of Person

FABULASH ARTISTRY LLC

Firm/Company

3948 3RD ST. S 48

Address

JACKSONVILLE BEACH FL 32250

City/State and Zip Code

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Not



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2017

GIANEFER C. ROSS
3948 3RD ST. S 48
JACKSONVILLE BEACH, FL 32250

SUBJECT: FABULASH ARTISTRY, LLC
Ref. Number: L17000156755

We have received your document for FABULASH ARTISTRY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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

Deborah Bruce
Regulatory Specialist III

Letter Number: 317A00015224

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

FABULASH ARTISTRY 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 July 21, 2017 and assigned
Florida document number L17000156755.

This amendment is submitted to amend the following:

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

983 ATLANTIC BLVD., Suite 104

ATLANTIC BEACH FL 32233

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

983 ATLANTIC BLVD. SUITE 104

ATLANTIC BEACH FL 32233

**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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager
MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IRG	GIANEFER C. ROSS	3948 3RD ST S 48	<input checked="" type="checkbox"/> Add
		JACKSONVILLE BEACH FL	<input type="checkbox"/> Remove
		32250	<input type="checkbox"/> Change
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SECRETARY OF STATE
DIVISION OF CORPORATION
2017 JUN 17 2:09 PM
TAMPA

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 JUL 26 AM 10:09

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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.

Dated JULY 25, 2017

Signature of a member or authorized representative of a member

GIANEFER ROSS
Typed or printed name of signee