117 000197845

(Re	questor's Name)	<u>-</u>
(Ad	dress)	
(Ad	dress)	
(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:		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



100329411961

05/23/19--01000-015 ++25.00



O SIMMONS JUN 08 2019

COVER LETTER

TO: Registration Security Division of Corp	ction porations		Ý
, , , , , , , , , , , , , , , , , , ,	pot 4110113	K .	•
SUBJECT: F+C	3 1836, LLC	ited Liability Company	-
•	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Maria	Sa ZZara Name of Person	
	F+G 183	Firm/Company	
	PO BO	(6983	
	Vero Bea	City/State and Zip Code G. Q. Va hoo. Com Jo be used for future annual report notif	<u>/</u>
	GQM95 M E-mail address:	G. Q. Va hoo . Com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Maria Ga Name of	EZZ <i>aYC</i> Person	at (<u>>>>2</u>) <u>5/9-6</u> Area Code Daytime	256 Telephone Number
Enclosed is a check for th	e 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

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______. 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) 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: Caetano Gazzara

2655 12th Street

Enter Florida street address

Vero Beach Florida 32960

Zip Code Name of New Registered Agent: New Registered Office Address:

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.

f 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	Michael Gazzara		
		2655 12th Street Jero Bech, F1 32961	Remove
			Change
<u>MCR</u>	Csaetano Csazzala	2655 12th Street Vero Beach, F1 32962	I ☑ Add
			Remove
			Change
			□ Add
		75 (A) 15 (A) 15 (A) 16 (A)	Remove
			Change
		วูล 	Change Add
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change

•											
				 .							
	,										<u>.</u>
		· · · · · · · · · · · · · · · · · · ·								-	
-				•							-
	- 						<u>.</u>		-		
			<u> </u>						·		
								 	<u> </u>	19	_ _
										_	
									7	11/1 Z	<u></u>
										ω ·	(T:
-		<u>-</u>			_	- · · · ·			고). 강구	<u> </u>	_ `_
				<u> </u>			 .		0,7	ं ज	
								<u>. </u>		_ .	
	<u> </u>										
											
an effective o	date is listed, date inserte	r than the dat the date must be s d in this block of the on the Depart	specific and does not n	cannot be prineet the appl	licable :			90 days afte			
		a delayed eff r the record		ate, but r	not an	effectiv	e time, a	t 12:01	a.m. or	n the e	arlier o
ited	lay o	215+	,	201	3						
Ĺ	Man	Say Sign	artire of a r	member of au	thorized	represental	ive of a mei	nber	= <u></u> -	Mer	2
_		, ,	•			•					

Page 3 of 3

Filing Fee: \$25.00