

LIF 0000 02598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

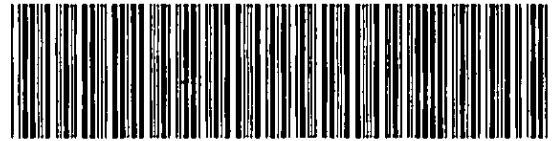
(Business Entity Name)

(Document Number)

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APR 17 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 16 PM 12:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FGS Ventures LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Capobianco
Name of Person

FGS Ventures LLC
Firm/Company

1005 1st Avenue North
Address

Saint Petersburg FL 33705
City/State and Zip Code

Kerry @jbweb.net.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Capobianco at (813) 356-0137
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FGS Ventures 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 01/03/2018 and assigned Florida document number L18000002598

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:

Name of New Registered Agent:

Brian Capobianco

New Registered Office Address:

1005 1st Avenue North

Enter Florida street address

Saint Petersburg

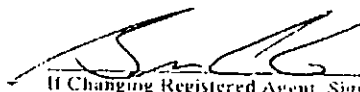
City

Florida 33705

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

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DIVISION OF CORPORATIONS
18 APR 16 PM 12:11

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	Brian Capobianco	1005 1 st Avenue North	☒ Add
		Saint Petersburg FL 33705	☐ Remove
			☐ Change
MGR	Dean Marshallack	1005 1 st Avenue North	☐ Add
		Saint Petersburg FL 33705	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

[illegible]

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.

Dated April 9, 2018

FILED
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DIVISION OF CORPORATION
19 APR 16 PM 12:55