L18000011401

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COVER LETTER

TO: Registration : Division of Co				
	Metals, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
	pondence concerning this matter	-		
	J. Knox Burns, IV			
		Name of Person		
	Cauthen & Burns, P.A.			
		Firm/Company		2021
	215 North Joanna Avenue			2024 JUL
		Address		. 26
	Tavares, Florida 32778			in' 5:
	jknoxburns@cflegal.com	City/State and Zip Code		2
		(to be used for future annual report not	ification)	ď
For further information	concerning this matter, please c	eall:		
Jennifer Conroy		352 343-2225		
Name of Person		at () Area Code Daytin	ne 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addy Registration	·	Street Address: Registration Se	ection	
_	Corporations	Division of Co		
P.O. Box 61		The Centre of		
Tallahassee	, ru 32314	2415 N. Monro	e Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Metals, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on January 12, 2018	and assigned
Florida document number L18000011601	.	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
FJB Vero Beach, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	2074
(Principal office address MUST BE A STREET	ADDRESS)	
		0
		FT.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	. 9
		9
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> here:	me 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□ Add
			Remove 2024
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			Remove 1
			□Add
			Remove
			Change
			□ Change
			□Add
			□Remove
			□Change

). If amending any other	information, enter cl	hange(s) here:	(Attach addition	al sheets, if neces	sary.)	

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					<u> </u>	JUL/2
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C. Effective date, if other (If an effective date is listed, to Note: If the date inserted document's effective date	he date must be specific and I in this block does not n	cannot be prior to neet the applicabl	date of filing or more le statutory filing	(option than 90 days after fi equirements, this	ling \ Pursuant to	605.0207 (3) listed as the
the record specifies a delay- cord is filed.	ed effective date, but not	t an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
Dated July,	19th	,				
- L freque	Signature of a	member or authoriz	ed representative of	a member		_
Joseph M. Ke			-			
		Typed or printed	name of signee			_

Filing Fee: \$25.00