L18000026047

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:G	USTAVS EN Name of Limi	FABRICA TO	IONS LLC
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:	
	TROY GU	LSTAUSEN Name of Person	
	GUSTAUS	EN FABRI Firm/Company	CATTONS LIC
	7020 S.	LATER P	UES DRIVE
	N. FG. 1 L GUSTAUSER	M. 48 RS FO City/State and Zip Code V 98 C G M to be used for future annual re	233917 ALL, Com
For further information co	oncerning this matter, please or	all:	port infiliteation)
TROY GUST	TAVSEN	at (239)	839-7972
Name of		Area Code	Daytime 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 enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			l .

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 1/29/2018Florida document number <u>4 180000 26047</u>. 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: New Registered Office Address: Enter Florida street address , Florida City 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 performande 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.

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If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member			
<u> Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
AMBR	Troy Gustavsen	7020 SU N. Fr. 1	MYERE FINES DE	- Add
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D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		32	O.A.
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(If an c <u>Note</u> :	ffective date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) F If the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or e 90th day after the record is filed.	the earlier o	of:
Dated	MARCH 5. 2018. Thoy Gustavsco Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member TROY GUSTAUS GU Typed or printed name of signee		
	Typed or printed name of signee		

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Filing Fee: \$25.00