L180000 40994

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FGSF, 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:

Henry Sanchez

Name of Person

FGSF, LLC

Firm/Company

90 SW 3rd Street Suite 3711

Address

Miami, FL. 33130

City/State and Zip Code

hs@fgsfmanagement.com

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

For further information concerning this matter, please call:

 Henry Sanchez
 at (305)
 785-5505

 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

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 · · · · ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FGSF. LLC			
(Name of the Limited	Liability Company as it now apper	a <u>rs on our records.</u>))	
The Articles of Organization for this Limited Liab Florida document number <u>L18000040994</u>	bility Company were filed on _	2-14-18	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicab (Principal office address MUST BE A STREET	ole:	e designation "L1.C" or t	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		records, <u>enter the </u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		, Florid:	
	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. Thereby 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</u> being added <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	STACY C. COFIELD	6300 MOSS RANCH RD. PINECREST, FL. 331	56 XAdd
			🗆 Remove
			□Change
MGR	KEITH L. LEDSOME	4491 PALM BREEZE TRL. WELLINGTON, FL 33414	Add
			🗆 Remove
			LlChange
		- <u> </u>	Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______June 11th, 2019 (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 (38b) <u>Note:</u> 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.

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

Dated _	June 6th.	2020/	
		Aundemany	
		Signature of the second authorized representative of a member Henry Sanchez	
		Typed or printed name of signee	_

Filing Fee: \$25.00