# LIS00007085C

(Re	questor's Name)	
(ite	quotier o Hamej	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. <del>(</del> )
	y/otate/2ip/Filone	;
PICK-UP		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	У



08/31/21--91027--003 \*\*35.00



;





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2021

ERIC T. SALPETER, ESQ. SALPETER GITKIN, LLP 3864 SHERIDAN ST HOLLYWOOD, FL 33021

SUBJECT: FMB GROUP, LLC Ref. Number: L18000070850

We have received your document for FMB GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call, (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 921A00021930

SEP

9

10

:: 3

 $\Omega$ 

5

1.24

\*\*\*\*\*\*

5



# **COVER LETTER**

### TO: Registration Section Division of Corporations

.

FMB GROUP, LLC SUBJECT:

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:

Eric T. Salpeter, Esq.

Name of Person

Salpeter Gitkin, LLP

Firm/Company

3864 Sheridan Street

Address

Hollywood, FL 33021

City/State and Zip Code

Eric@salpetergitkin.com

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

For further information concerning this matter, please call:

Eric T. Salpeter, Esq.		954 467 at ( )	7-8622		N SEI	
Name o	f Person	Area Code	Daytime Telephone Number		19 - 9 Pi	
Enclosed is a check for the	ne following amount:					.)
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end)	Certificat losed) Certified	te of Statu		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

20

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMB GROUP, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/19/2018}{2}$  and assigned

Florida document number L18000070850

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 "LLC."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Hollywood, FL 33021

3864 Sheridan Street

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3864 Sheridan Street

Hollywood, FL 33021

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:				2021	
New Registered Office Address:	3864 Sheridan Street			SEP	17
		Enter Florida street address		6-	
	Hollywood	, Florida	33021	P	
	C	ùy	Zip (	Code	$\Box$
New Registered Agent's Signature, if changing l	Registered Agent:		22	 ເລ	

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.

(Changing David and their Change the David the

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

Title	Name	<u>Address</u>	Type of Action
MGR	Felix Gurevich	3864 Sheridan Street	🖸 Add
		Hollywood, FL 33021	🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
			[] Add
			Change
	. <u></u>		
		<u> </u>	
	·		
			🗆 Change
			□ Add
			🗆 Remove

• . . . .

## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· · · · · · · · · · · · · · · · · · ·				
		· · · · · ·		
	-			
			 	<u> </u>
			 	<u> </u>
				<u>.</u>
				(1)
			 	SIL 20
				Stech
				S S
			 	SIT 1
			<del></del>	WILLANDSST
				· · · · · · · · · · · · · · · · · · ·
			 	The second se
· · · · ·			 	:

E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (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 tiling.) Pursuant to 605.0207 (3)(b)

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.

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.

Augi Dated	ust 24	2021	
		Yý au VI	
-	· · ·	Signature of a member or authorized representative of a member	<u> </u>
1	Felix Gurevich		
		Typed or printed name of signee	

Typed or printed name of signee

Filing Fee: \$25.00