## C/8000101486

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Amend

06/14/18--01001--028: \*\*25.00



N. CAUSSEAUX JUL 2 0 2018

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	FFC, LUC Name of Limit	red Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Federi	Co J. Cala	1-von
	FFC. U	Firm/Company	<del></del>
	122 Hura	wood Ave.	<del></del>
	Merritt	S.L. F.L. 36 City/State and Zip Code	2953
	Flai Gigal address: (1)	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	H:	
Federico Name o	J. Calderon	at ( <u>32\</u> ) <u>500</u> Area Code Daytime	4013 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

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



July 10, 2018

FEDERICO CALDERON PAGE ONE OF TWO FFC.LLC 122 HURWOOD AVENUE MERRITT ISLAND, FL 32953

SUBJECT: FFC.LLC

Ref. Number: L18000101486

We have received your document for FFC.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is to advise you that on April 23, 2018, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

Nanette Causseaux Regulatory Specialist II Supervisor Registration/Qualification Section

Letter Number: 518A00014144



July 10, 2018

FEDERICO CALDERON PAGE TWO OF TWO FFC.LLC 122 HURWOOD AVENUE MERRITT ISLAND, FL 32953

SUBJECT: FFC.LLC

Ref. Number: L18000101486

We have received your document for FFC.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can also change the REGISTERED AGENT on the amendment. I am sending a BLANK amendment form, also an EXAMPLE AMENDMENT. If you have any questions or concerns, please don't hesitate to contact me.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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) 245-6051.

Letter Number: 818A00014146

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



June 22, 2018

FEDERICO CALDERON 122 HURWOOD AVE MERRITT ISLAND, FL 32953 US

SUBJECT: FFC.LLC

Ref. Number: L18000101486

We have received your document for FFC.LLC and your check(s) totaling \$25.00. 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 the corrected original and one copy of 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) 245-6051.

Letter Number: 118A00013075

Judy A Leggett
Regulatory Specialist II
Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) Haiability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LNE WOLOTHEG</u> .	ry were filed on April 23, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  FFC, Merch TSlac  The new name must be distinguishable and contain the words "Limited Lia	m/ LL()
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/A F
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: FEGER	co J. Calderon
New Registered Office Address: \arr \arr \arr \arr \arr \arr \arr \ar	Hurward Aunue
Men	H Sland Florida 32953 Zip Code
New Projectored Agent's Signature if changing Registered Agen	t·

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

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

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>		Address	Type of Action
				🗆 Add
				□ Remove
				Change
				🗆 Remove
				Change
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lf an eft <u>Note:</u>	ve date, if other than the date of filing:	ant to 60? of be list	5.0207 ed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th 90th day after the record is filed.	e earli	er of
Dated	7-16-2018		
Mica	$\alpha$		
17tited	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00