## L18000130854

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## **COVER LETTER**

TO: Registration Section Division of Corporation			0.1.0	
·			2019 1	FEB 22 AM 10: 50
SUBJECT: Fibo	NIACCI BR	POWERAGE LLC	, . 	Arikan di Kan
<u> </u>	Nam	e of Limited Liability Company	ALL	AHIAAT OF STATA AHASSEE FLURAD
The enclosed Articles of Am	endment and fee(s)	are submitted for filing.		
Please return all corresponde	ence concerning this	matter to the following:		
	1.			
	- Flexan	Name of Person		<del>-</del>
	F. benziu	Buncable LLC Firm/Company		_
		Firm/Company		
	4740 Pin	17211 DRIVE Address		
	Tanahassce	FL /32317 City/State and Zip Code		_
		BROKER (GE (C) GMOIL, ddress; (to be used for future annual		_
For further information conce			report notification)	
_				
ALEXANDRA JENK Name of Per	rson	at ( <u>850</u> ) Area Code	766 - 3564 Daytime Telephone Numb	<del></del>
Enclosed is a check for the fo	ollowing amount:			
	□ \$30.00 Filing Fee	& □ \$55.00 Filing Fee	& □ \$60.00 ì	Filing Fee
	Certificate of St		Certific closed) Certifie	cate of Status & ed Copy ral copy is enclosed)

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

FIBONECLI PROKERAGE L	10	2019 FEB 22 AM
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	SECRETARY OF FALLAHASSEE FI
The Articles of Organization for this Limited Liability Company v	were filed on <u>05/24/18</u>	and assigned
Florida document number <u>L18000130854</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	N. 1. 1	abbrariation "L. I. C."
The new name must be distinguishable and contain the words "Limited Liabili		
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 of registered agent and/or the new registered office address here	fice address on our records, <u>ent</u> <u>e</u> :	er the name of the ne
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	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, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	GlEEG K JENKINS	4740 PINTAIN PRIVE, Linah	HSC□ Add
		FLICIDA 32317	Remove) L
			Change
MGR	Marianne Jehans	4740 Payail Paya	🗖 Add
		Turypussee FL, 32317	L'
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: Ob o 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 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 Feb 17 . 2019.
Signature of a momber or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00