

L18000210950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

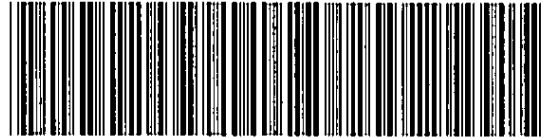
(Business Entity Name)

(Document Number)

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SUPREMACY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2018
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FB 2204 Partners 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:

Behnam Cohenmehr

Name of Person

FB 2204 Partners LLC

Firm/Company

P O Box 4715

Address

Great Neck NY 11023

City/State and Zip Code

kingsbridgeeye@aol.com

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

For further information concerning this matter, please call:

Behnam Cohenmehr

516 902-4444

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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, 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**

FB 2204 Partners LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/04/2018 and assigned
Florida document number L18000210950.

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)

P O Box 4715

Great Neck, NY 11023

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18 SEP 21 PM 3:07
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

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 added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Benjamin Cohenmehr	P.O. Box 4715	<input type="checkbox"/> Add
		Great Neck, NY 11023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Behnam Cohenmehr	P O Box 4715	<input checked="" type="checkbox"/> Add
		Great Neck NY 11023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eric Berliner	90 Alton Road	<input checked="" type="checkbox"/> Add
		Miami Beach FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 18 SEP 21 11:30 AM
 CLERK OF DISTRICT COURT
 MIAMI BEACH, FLORIDA

FILED
18 SEP 21 PM 3:07
SUNSHINE STATE
TALLAHASSEE, FLORIDA

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18 SEP 21 PM 3:07
CLERK OF DISTRICT COURT
ALLIANCE FLORIDA

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.

Dated September 14 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee