

L14 000063699

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

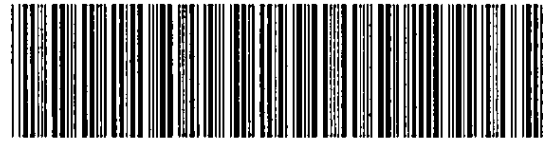
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/06/20--01020--022 \*\*25.00

FILED  
2020 JAN -6 AM 7:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

FEB 03 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FMT GROUP 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:

JAMMA R CORTESE  
\_\_\_\_\_  
Name of Person

FMT GROUP LLC  
\_\_\_\_\_  
Firm/Company

1281 B PLAZA CIRCLE  
\_\_\_\_\_  
Address

WELLINGTON, FLORIDA 33414  
\_\_\_\_\_  
City/State and Zip Code

JAY.CORTESE05@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMMA R CORTESE  
\_\_\_\_\_  
Name of Person

517 745-8864  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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

**TO  
ARTICLES OF ORGANIZATION  
OF**

FMT GROUP 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 03/05/2019 and assigned  
Florida document number 1.19000063699.

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)

**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:

JAMMA R. CORTESE

New Registered Office Address:

9202 DUPONT PL.

*Enter Florida street address*

WELLINGTON

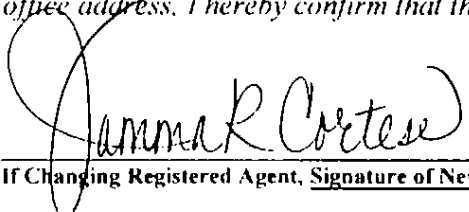
*City*

Florida 33414

*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

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	JAMMA R. CORTESE	9202 DUPONT PL.	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMOTHY UPDEGRAPH	132 SANDBANK RD	<input type="checkbox"/> Add
		ERIN, NY 14838	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANK C. VENDITTI, III	6343 PINE CONE COURT	<input type="checkbox"/> Add
		CLARENCE CENTER, NY 14032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK A. VENDITTI	5412 RAINTREE CT	<input type="checkbox"/> Add
		WILLIAMSVILLE, NY 14221	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACKLYN M. DEC	5745 MARTHAS VINEYARD	<input type="checkbox"/> Add
		CLARENCE CENTER, NY 14032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. *Chlorophyll a* (Chl *a*)

[illegible]

E. Effective date, if other than the date of filing: 12/20/2019 (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 (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.

Dated DECEMBER-20 2019

*Jammar Cortese*  
Signature of a member

Signature of a member or authorized representative of a member

JAMMA R. CORTESE

Typed or printed name of signee