

**A 190000 73298**

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(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

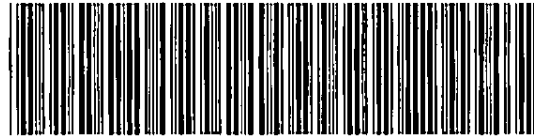
\_\_\_\_\_  
(Business Entity Name)

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

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

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**19 APR 29 AM 11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**MAY 09 2019**  
**T SCHROEDER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fender International, 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:

David Fender Sr  
Name of Person

Fender International, LLC  
Firm/Company

4206 Sunrise Blvd  
Address

Fort Pierce, FL 34982  
City/State and Zip Code

jfen29@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Fender Sr at ( 772 ) 528 7043  
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 &<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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fonder International 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 3/15/19 and assigned Florida document number L19000073298

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)

4206 Sunrise Blvd  
Fort Pierce, FL 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4206 Sunrise Blvd  
Fort Pierce, FL 34982

**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:

Jessica Szczesny

New Registered Office Address:

4206 Sunrise Blvd

Enter Florida street address

Fort Pierce

City

Florida

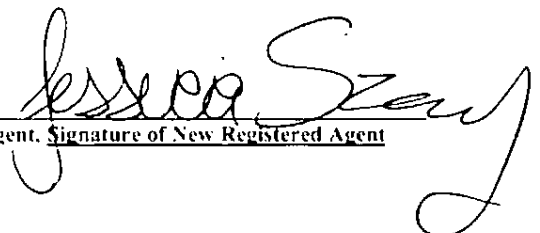
34982

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>
MGR	David Fender Sr	4206 Sunrise Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Candace Fender	4206 Sunrise Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica Szczesny	4206 Sunrise Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Fender Jr	4206 Sunrise Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
TALLAHASSEE

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TALLAMASSEE FLOR

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TALLAHASSEE, 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 \_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member

Jessica Szczesny  
Typed or printed name of signee