119000108260

(R	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Nam	е)
(D	ocument Number)	
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C. GOLDEN 10V 1 3 2020

COVER LETTER

Registration Section Division of Corporations

TO:

FBDCOM SUBJECT:	LLC •	•	
SUBJECT:	• Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jay Needelman		
		Name of Person	
	Jay Needelman CPA		
	+	Firm/Company	
	520 West 47th Street		
		Address	
	Miami Beach FL 33140		
		City/State and Zip Code	
	cpa160@aol.com		
	E-mail address; (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jay Needelman		305 673-5040 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FBDCOM LLC

2770 -5 PN 3:3L

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

(, and a second and a		
the Articles of Organization for this Limited Liability Company	were filed on 04/20/2019 and assigned		
Florida document number L19000108260			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	370 NE 75th Street		
(Principal office address MUST BE A STREET ADDRESS)	Suite #127		
	Miami, FL, 33138		
Enter new mailing address, if applicable:	370 NE 75th Street		
(Mailing address MAY BE A POST OFFICE BOX)	Suite #127		
	Miami, FL, 33138		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address		
	, Florida		
You Desigtated Agent's Signature if sharping Desigtated Agent.	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent: i hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
	•		□Remove
			□Change
			🗆 Add
			□Remove
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Note:	ve date, if other the ective date is listed, the d If the date inserted in ent's effective date on	this block does not	meet the applic	cable statutory i	or more than 90 da iling requiremen	(optional) ys after filing.) Purits, this date will	suant to 605.0207 not be listed as
If the record record is file	l specifies a delayed e ed.	ffective date, but no	ot an effective t	ime, at 12:01 a.	m. on the earlie	r of: (b) The 90	th day after the
	September 28		2020				
Dated							

Filing Fee: \$25.00