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COVER LETTER

TO:		istration Secti ision of Corpo						
SUBJE	ст.	FMM Manage	· ·	,				
0000	C1 .			ited Liability Company				
The enc	losed	Anicles of Ar	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn	all correspond	lence concerning this matter	to the following:				
			Steven Marhee					
				Name of Person				
			FMM Management LLC					
Firm/Company								
Firm/Company 1250 Jungle Ave N Address								
			Address					
			City/State and Zip Code					
			E-mail address: (to be used for future annual report notification)					
For furtl	her in	iformation con	cerning this matter, please ca	all:				
Steven 1	Marh	ec		954 477-226 at ()				
Name of Person		Area Code Da	ytime Telephone Number					
Enclose	d is a	check for the	following amount:					
■ \$25	.00 F	iling Fec	□ \$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)			
		iling Address:	ction	Street Addres				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMM Management LLC

2020 FEB - 6 PH 2:01

(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 June 3, 2019 and assigned Florida document number L19000146565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Frieda Marhee LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1250 Jungle Ave N, Enter new principal offices address, if applicable: St Petersburg, FL 33710 (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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
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1250 Jungle Ave N, St Peter	sburg FL 3371	10				
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cord specifies a delayed effect s filed.	ve date, but no	ot an effective ti	me, at 12:01 a.m	on the earlier of: (b) The 90th day after	the
February 3		2020				
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	I	/		ve of a member		

Typed or printed name of signee