# L19000180936

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(Add	dress)	
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(City	//State/Zip/Phone #	0)
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Certified Copies	Certificates o	f Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2020

CONNOR FIRMENDER FIELDR, LLC 5510 SPECTRA CIRCLE #208 FORT MYERS, FL 33908

SUBJECT: FIELDR, LLC Ref. Number: L19000180936

We have received your document for FIELDR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO FILE REVOCATION OF DISSOLUTION BEFORE DOCUMENT CAN BE PROCESS -> Included 11/23/20 CF.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00023018

Shelia S Young Regulatory Specialist II

www.sunbiz.org

DO TO BOOK OF THE PROPERTY OF

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fieldr LLC Name of Limited Liability Com	Dany
The enclosed Statement of Revocation of Dissolution for Florida Limite submitted for filing.	
Please return all correspondence concerning this matter to:	
Conner Firmender Contact Person	
Firm/Company	
5510 Spectra Circle #208	
Fort myers, FL 33408  City, State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  Connot Frencher at (239)  Name of Contact Person Area Code	357-3142
Mailing Address:	Street Address:

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

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: REVOKING Mane of	CURT ROLE ON OW LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	
Please return all correspondence concerning this ma	tter to the following:
Connor	Firender Name of Person
- Fe	Idy LL C Firm/Company
	tra circle #208
	Myeo, FL 33908 City/State and Zip Code
Com	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Connor Firmender	at ( 239 ) 357 - 3142  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Fieldr, LL	C	
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L190018093&amp;</u>	mpany were filed on	July 15, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company h	<u>here</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>.ss)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our 1	records, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	lorida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered a		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of mt as provided for in (	of my duties, and I am familiar with and 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
MGR Natalie Finazzo	3411 AHantic Circle Waples, FL 34119		
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			□Change
			□Add
			□Remove
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		□Remove	
			Change
			DAdd
			□Remove
			□Change

If amending	g any other info	ormation, enter (	change(s) here:	(Attach additional sh	eets, if necessary.	)
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Note: If the	date is listed, the da date inscrted in t	this block does not	meet the applicab	date of filing or more than le statutory filing requi	(optional) i 90 days after filing.)	nmediately Pursuant to 605.0207 vill not be listed as t
document's c	errective date on	the Department of	State S records.			
ord is filed.				e, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated1(	olle (1	123/20	. 2020	. •		
_		Signature of	a member or authori	zed representative of a me	ember	
		Conna	Frmeno	lex MGR		
_			Typed or printed	name of signee		<u> </u>

Filing Fee: \$25.00