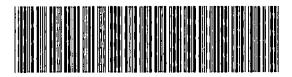
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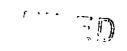
Registration Section **Division of Corporations** FGA CONSULTING AND LOGITIS LLC BJECT: Name of Limited Liability Company ie enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: DELPHINE COLLET Name of Person FGA CONSULTING AND LOGITICS LLC Firm/Company 11785 ST ANDREWS PLACE #108 Address WELLINGTON, FL 33414 City/State and Zip Code fgausa@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DELPHINE COLLET 561 7793061 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 ORGANIZATION OF



FGA CONSULTING AND LOGITICS LLC

2019 DEC -3 PH 4: 56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ \_\_\_\_ and assigned lorida document number \_\_\_\_\_\_1.19000274281 his amendment is submitted to amend the following: 1. If amending name, enter the new name of the limited liability company here: FGA CONSULTING AND LOGISTICS LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11785 ST ANDREWS PLACE Enter new principal offices address, if applicable: #108 Principal office address MUST BE A STREET ADDRESS) WELLINGTON, FL 33414 1785 ST ANDREWS PLACE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) WELLINGTON, FL 33414 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

GR = Manager

**MBR** = Authorized Member

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E. Effective date, if other than the date	e of filing: (optional)
(If an effective date is listed, the date must be sponsored in this block d	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(toes not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Departi	ment of State's records.
If the record enecifies a delayed off	ective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record i	
NOVEMBER, 16TH	2019
Dated	—· — /// /
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Sions	artife of a member or authorized representative of a member
	and the amended of additionated representative of a member
DELPHINE COLLET	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00