

L19000288795

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GOMES INSURANCE & ACCOUNTING CORP
Account Number : I20200000161
Phone : (954)531-1451
Fax Number : (954)697-0677

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FBAESALES LLC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2021

FBAESALES LLC
221 SW 5TH STREET
POMPANO BEACH, FL 33060US

SUBJECT: FBAESALES LLC
REF: L19000288795

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

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Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000311928
Letter Number: 421A00020049

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FBAESALES 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:

PAULO GOMES

Name of Person

GOMES INSURANCE AND ACCOUNTING CORP.

Firm/Company

240 LOCK RD

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

PAULO@GOMESINS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO GOMES

954

818-2991

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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**

FBAESALES 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 11/20/2019 and assigned
Florida document number L19000288795

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)

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: JOELDES S ARAUJO

New Registered Office Address: 4221 NE 4TH AVE

Enter Florida street address

POMPANO BEACH

Florida 33064

City

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	JOELDES S ARAUJO	4221 NE 4TH AVE	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OSVALDO FOGLIANO	12978 ANTHORNE LANE	<input type="checkbox"/> Add
		BOYTON BEACH FL 33436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ATAHUALPA V TRINDADE	4335 NW 4TH AVE	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Filing Fee: \$25.00