## 120 0000048612

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2	ulous 50 LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Lisa Johnson		
		Name of Person	
	Florida Fabulous 50 LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	204 Millet PL		
		Address	
	Nokomis, Florida 34275		
		City/State and Zip Code	
	floridafabulous50@gmail.co		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Lisa Johnson		941 726-0343 at ()_	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 of Control of C	Section Corporations 27	Street Address: Registration Second Division of Corona The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

Registration Section Division of Corporations

TO:

## ARTICLES OF ORGANIZATION OF

Florida Fabulous 50 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 February 11, 2020 and assigned Florida document number <u>L20000048612</u> 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: S (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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
COO	Lisa Johnson	204 Millet PL	□Add
		Nokomis, FL 34275	■Remove
		<del></del>	□ Change
MGR	Jeff Sassano	5721 Soldier Circle	Add
		Unit 102	□Remove
		Sarasota, FL 34233	□Change
MGR	Lisa Johnson	204 Millet PL	■Add
		Nokomis, FL 34275	□Remove
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