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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: The	2 Fowler Es	tablish went L	LC
The enclosed Articles of A	amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Robert	J. Forler IV.	<u></u>
	_ The Foi	uler Establishme	ent LLC
	11234	Sullivan St.	
	Riverview,	FL, 33518 City/State and Zip Code	AY OF STATE CONTROL OF STATE O
	E-mail address: (Nor 97@ gmail. Com	fication) The state of the stat
For further information co	oncerning this matter, please co	ıili:	1.1
Robert Name of	Fouler	at (<u>\$13</u>) <u>\$10 - (</u> Area Code Daytim	638) te Telephone Number
Enclosed is a check for th	e following amount:		
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Se	
Division of C		Division of Cor The Centre of	=
P.O. Box 632 Tallahassee, l			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L.	hwent LL(ny ay it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company	were filed on ON 11	7 <u>2020</u>	ind assigned
Florida document number <u>L 20000048734</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabs	300 11C		
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designate	on "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	 -		
(Principal office address MUST BE A STREET ADDRESS)	 		<u>~</u>
			·
			· .
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>े</u>	- <u> </u>
		٠٠٠٠ <u></u>	<u> </u>
			6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, <u>enter the name of</u>	the new registered
agent anu/or the new registered office address nerv.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	vet address	
		Florida	
	City	riorida	ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capac performance of my di provided for in Chapte	uties, and Lam fami er 605, F.S. Or, if th	liar with and iis 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
<u>AMB</u> R	Joel Ramos	9835 52 St. N,	[V.Add
		9835 52 St. N, Pinellus Park, FL, 33786	} ☐Remove
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ective date, if other than effective date is listed, the date ie: If the date inserted in th ument's effective date on the	is block does not:	meet the applicab	date of filing or more le statutory filing re	(opti than ⁹⁰ days after quirements, thi	tiling.) Pur	suant to (not be l	505,0207 (3)0 isted as the
record specifies a delayed eff is filed.			e, at 12:01 a.m. on (he earlier of: (b) The 90	th day a	fter the
nted Littley Jul	ne 10	2024 Fra	The representative of		··		

Filing Fee: \$25.00