

120000069027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

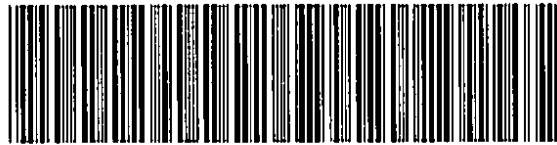
Certificates of Status _____

Special Instructions to Filing Officer:

Permission to correct
application by
Jarance Bell.
dec

Signature

Office Use Only



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REC'D
CLERK OF STATE
INFORMATION
CONFIRMATION
20 OCT 20 PM 3:10

Amend.

NOV 09 2020
D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOSALE LIMITED LIABILITY COMPANY
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:

TARRANCE BELLE

Name of Person

FOSALE LLC

Firm/Company

1648 DELAWARE AVE

Address

FT MYERS, FL 33916

City/State and Zip Code

fosale1115@gmail.com

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

20 OCT 20 PM 3: 10

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

TARRANCE TIMONE BELLE

813

609-7320

Name of Person

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 OCT 7 PM 1:00

October 7, 2020

TARRANCE BELLE
FOSALE LLC
1648 DELAWARE AVE
FT MYERS, FL 33916

SUBJECT: FOSALE LIMITED LIABILITY COMPANY
Ref. Number: L20000069027

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

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 420A00019582

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FOSALE LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
IN THE
CLERK OF STATE
OFFICE
20 OCT 20 PM 3:10

The Articles of Organization for this Limited Liability Company were filed on 03/02/2020 and assigned
Florida document number L20000069027.

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 "L.L.C."

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:

New Registered Office Address:

Enter Florida street address

Florida

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

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Filing Fee: \$25.00