

L20 000 254862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

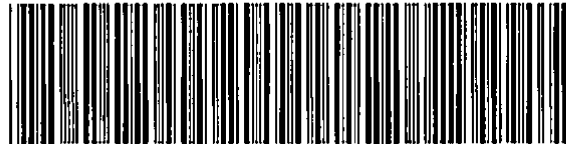
(Business Entity Name)

(Document Number)

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: F & F CONTRACT SERVICES 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:

PABLO RODRIGUEZ

Name of Person

BEST QUICK TAX RETURNS INC

Firm/Company

320 SOUTH BUMBY AVE. SUITE 10

Address

ORLANDO FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

PABLO RODRIGUEZ

Name of Person

at (407) 896-7921

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

F & F CONTRACT SERVICES 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 08/18/2020 and assigned
Florida document number L20000254862.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

890 WOODLARK DR
HAINES CITY, FL 33844

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

890 WOODLARK DR
HAINES CITY, FL 33844

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:

890 WOODLARK DR

Enter Florida street address

HAINES CITY, Florida 33844

City

Zip Code

By 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

When adding the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

GR = Manager

IBR = Authorized Member

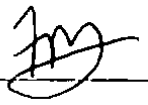
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	JOSE TORRES	890 WOODLARK DR	<input type="checkbox"/> Add
		HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Remove
GR	FELIX TORRES	890 WOODLARK DR	<input checked="" type="checkbox"/> Add
		HAINES CITY , FL 33844	<input type="checkbox"/> Remove
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or amending any other information, enter change(s) here: (attach additional sheets, if necessary)

Effective date, if other than the date of filing: _____ (optional)

The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 28 2020

x 

Signature of a member or authorized representative of a member

FARRAH M. TORRES

Typed or printed name of signee