12/9/2020

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

: ALLSTATE CORPORATE SERVICES CORP Account Name

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

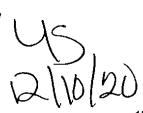
| Email | Address: | | |
|-------|----------|--|------|
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FTS WHOLESALE LLC

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(((H20000420841 3))) COVER LETTER

TO: Registration Section
Division of Corporations

The Late

| FTS WHOI SUBJECT: | LESALE LLC | | |
|-----------------------------|--|--|---|
| SOBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fcc(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | STEVEN WEISS | | |
| | | Name of Person | ~3 |
| | ALLSTATE CORPORAT | É SERVICES CORP. | |
| | | Firm/Company | i i |
| | 2215 Hendrickson Street | | i. |
| | | Address | |
| | Brooklyn, NY 11234 | | . |
| | | City/State and Zip Code | |
| | FILING@AC\$123.COM | | |
| | | to be used for future annual report notific | stion) |
| For further information of | oncorning this matter, please c | all: | |
| SAL ABECASIS | - | 800 906-9220 **t() | |
| Name o | f Person | Area Code Daytimo | l'elephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ≅ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Malling Addres Registration | | Street Address: Registration Sect | ion |

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(({H200004208413}))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FIS WHOLESALE LLC | | |
|--|--|--|
| (Name of the Um | ted Liability Company as it new appears o (A Florida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited I Florida document number L20000289163 | iability Company were filed on 09/1 | 5/2020 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amonding 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 desi | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | <u>~1</u> |
| (Principal office address MUST BE A STRE | ET ADDRESS) | , , , , , , , , , , , , , , , , , , , |
| | | |
| , | | · · |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | ords, enter the name of the new registere |
| Name of New Registered Agent: | Fawn Thi Spera | |
| New Registered Office Address: | | |
| | Enter Florid | a street address |
| | | , Florida |
| | City | Zip Code |

Now 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.

Fain Th' Sain

If Changing Registered Agent, Signature of New Registered Agent

[((H200004208413)])
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 |
|--------------|----------------|-----------------------|----------------|
| AMBR | FAWN WYNN | 6 ROYAL PALM WAY #210 | □Add |
| | | BOCA RATON, FL 33432 | ≅Remove |
| | | | □Change |
| AMBR | Fawn Thi Spera | 6 ROYAL PALM WAY #210 | \ Add |
| | | BOCA RATON, FL 33432 | □Rémovc |
| | | | Change |
| | | | GAdd |
| | | | □Remove |
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| cetive date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records. | (optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0 statutory filing requirements, this date will not be listed |
| cord specifies a delayed effective date, but not an effective time, s filed. | at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| ed DECEMBER 4 , 2020 . | |
| W C 110 | |
| Signature of a member or authorize | ed representative of a meinner |

Filing Fee: \$25.00