

L210000017153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

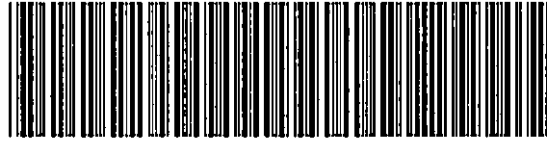
(Business Entity Name)

(Document Number)

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MAR 18 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: FMS DISTRIBUTION 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:

SHAIKH, FARASHAH

Name of Person

Firm/Company

13803 HAWKEYE DRIVE

Address

ORLANDO FL 32837

City/State and Zip Code

BAIG@IHWCPAFL.COM

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

For further information concerning this matter, please call:

SHAIKH, FARASHAH

at ( )

Name of Person

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

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

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FMS DISTRIBUTION 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 01/05/2021 and assigned  
Florida document number L21000017157.

This amendment is submitted to amend the following:

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

FMS VENTURES LLC

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)**

4303 SALTMARSH SPARROW DRIVE

WINDERMERE FL 34786

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4303 SALTMARSH SPARROW DRIVE

WINDERMERE FL 34786

**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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAIKH FARASHAH	4303 SALT MARSH SPARROW DR	<input checked="" type="checkbox"/> Add
		WINDERMERE FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SORATHIA MUSHTAQ	4303 SALT MARSH SPARROW DR	<input checked="" type="checkbox"/> Add
		WINDERMERE FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets if necessary.)*

PLEASE CHANGE BUSINESS NAME FROM FMS DISTRIBUTION LLC. TO FMS VENTURES LLC

AND ADDRESS, PLEASE ADD FEDERAL ID NUMBER 86-1321971

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**E. Effective date, if other than the date of filing:** 01/28/2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 28 JANUARY 2021

  
Signature of a member or authorized representative of a member

1-28-2021

SORATHIA MUSHTAQ

Typed or printed name of signer