## K21000064551

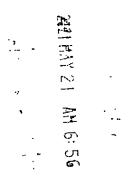
(Requestor's Name)
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O SIMMONS JUN 24 2021

## **COVER LETTER**

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Registration Section

TO:

Division of	Corporations				
FBB GF	ROUP LLC				
SUBJECT:	Name of Lir	nited Liability Company			
37. I LA 2.1					
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	SYED U ZAFAR CPA				
	Name of Person				
	HAKIM AND ZAFAR CPA AND ADVISORY SERVICES LLC				
	Firm/Company				
	4900 SW 74TH COURT				
	Address				
	MIAMI, FLORIDA 3315	5			
		City/State and Zip Code	·····		
	SYED@HTZCPA.COM				
	E-mail address:	(to be used for future annual report no	tification)		
For further informatio	n concerning this matter, please c	rall:			
SYED U ZAFAR CP.	٨	305 773-0889			
Nan	e of Person		me Telephone Number		
Enclosed is a check fo	r 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)		
<u>Mailing Add</u> Registratio		Street Address:	antion		
•	Corporations	Registration Section Division of Corporations			
P.O. Box 6	•	The Centre of			
Tallahassee	e, FL 32314		oe Street. Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Plorida document number 1.21000064551

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_\_\_

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   HAY 21 AH 6:57	Type of Action
AMBR	JOSH OUDEH	2216 WOODLAWN ROAD, PORTSMOUT	H, OHIO 4 ■Add
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			□Change
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Full address as it cu	it off:	Survey of the su
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ctive date, if other than the effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this bl ment's effective date on the D	lock does not meet the applicable st	atutory filing requirements, this date will not be listed
ment sometive date on the is	epartment of mate's records.	
ord specifies a delayed effective	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
filed.		•
, MAY 8TH	2021	
d	,	
	No	

Typed or printed name of signee