

121 000 189 147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11:24



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2021 AUG 10 PM 1:42

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2021

FABIOLA AVILA FREITES
371 BALD CYPRESS DRIVE
APT 104
KISSIMMEE, FL 34744

SUBJECT: F.G.A SUPPLY'S LLC
Ref. Number: L21000189147

We have received your document for F.G.A SUPPLY'S LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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.

Summer Chatham
OPS

Letter Number: 821A00017156

2021 AUG 10 AM 11:24

COVER LETTER

RECEIVED

TO: Registration Section
Division of Corporations

SUBJECT: F.G.A SUPPLY'S 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:

FABIOLA AVILA FREITES

Name of Person

F.G.A SUPPLY'S LLC

Firm/Company

371 BALD CYPRESS DR APT 104

Address

KISSIMMEE, FL 34744

City/State and Zip Code

FAVILA@FGASUPPLY'S.COM

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

For further information concerning this matter, please call:

FABIOLA AVILA FREITES

786

9256983

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

7:10 A.M. 24

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

F.G.A SUPPLY'S 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 04/23/2021 and assigned
Florida document number 1.21000189147.

This amendment is submitted to amend the following:

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

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

NA

NA

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

NA

NA

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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

Florida

NA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FABIOLA AVILA FREITES	371 BALD CYPRESS DR APT 104	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
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		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
		NA	<input type="checkbox"/> Remove
		NA	<input type="checkbox"/> Change

PURPOSE OF THE BUSINESS: ANY AND ALL LAWFUL BUSINESS

PURPOSE OF THE BUSINESS: ANY AND ALL LAWFUL BUSINESS

(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 06/25/2021

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

Tobiola Avila Treites
Typed or printed name of signee

Typed or printed name of signee

90th day after the