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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Statu	s
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Special Instructions to Filing Officer:	
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Office Use Only



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8/18/21

COVER LETTER

TO:

TO: Registration Se Division of Cor					
	A BROASTER CORPORATIO	ON LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jhonatun Andres Palacio F	liguita			
		Name of Person		2021 AU	
	2235 by st	Firm Company		2021 AUG -5 PM 4: 06	1
	Sarusota, FL 34237	Address		FE. FL	9.3
	andres.palacio10@gmail.co	City/State and Zip Code m to be used for future annual report note	(Icarlian)	-	
for further information c	oncerning this matter, please c		iicaca)ii;		
Andres Palacio		941 5573509			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•		
Tallahassee, l	FL 32314	2415 N. Monroe Tallahassee, FL		10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREIDORA BROASTER CORPORATION 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 Liabilit	y Company were filed on June 01, 2021 and assigned
Florida document number L21000252153	<u> </u>
This amendment is submitted to amend the following	;;
A. If amending name, enter the new name of the l	imited liability company here:
FB EQUIPMENTS CORPORATION LLC	· 12
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abbredation "LLC"
Enter new principal offices address, if applicable:	FE 8 1
(Principal office address MUST BE A STREET AD	DRESS)
	\$20 P
	STATE OF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the projectored agent and/or register	ared office address on our records onter the name of the new registers
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:	ered office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
agent and/or the new registered office address her	
Name of New Registered Agent:	Enter Florida street address . Florida
agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street address

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>	Address	Type of Action
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			□Remove
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ffective date, if other than than effective date is listed, the date is	ie date of filin	g:			(option	al)		405 (104)
an effective date is listed, the date note: If the date inscrted in this	ust be specific and block does not i	i cannot be prio neet the appli	r to date of filing cable statutory	g or more mail 9 : filing require	ments, this d	ate wi	ll not be	e listed a
ocument's effective date on the	Department of S	State's records	5.					
record specifies a delayed effec Lis filed.	live date, but not	can effective t	time, at 12:01	a.m. on the ea	rlier of: (b)	The 5	90th day	after the
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