

121000463914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

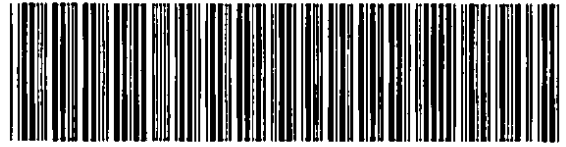
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2021 NOV 29 PM 4:50
OFFICE OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMB-SUNRISE GROUP, 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:

CYNTHIA VALENCIA

Name of Person

Firm/Company

235 GREENCASTLE RD STE B

Address

TYRONE GA 30290

City/State and Zip Code

CVALENCIA@ESGACCOUNTING.COM

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

For further information concerning this matter, please call:

CYNTHIA VALENCIA

Name of Person

at (678)

Area Code

364-9441

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**

FMB SUNRISE GROUP, 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 10/25/2021 and assigned
Florida document number L21000463914.

This amendment is submitted to amend the following:

A. If amending 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 designation "LLC" or the abbreviation "L.L.C."

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)

235 GREENCASTLE RD STE B
TYRONE GA 30290

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:

IVAN PLASCENCIA MUNOZ

New Registered Office Address:

16071 LAKEVIEW DR

Enter Florida street address

FT MYERS

City

Florida 33908

Zip

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.

Ivan Plascencia Munoz
If Changing Registered Agent, Signature of New Registered Agent

2021 NOV 25 PM 4:50
CLERK OF COURT
STATE OF 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LORENA REYES DORADO	16071 LAKEVIEW DR	<input type="checkbox"/> Add
		FT MYERS FL 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN MANUEL PLACENCIA	1014 ROSEMARY LN	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN PLASCENCIA MUNOZ	16071 LAKEVIEW DR	<input checked="" type="checkbox"/> Add
		FT MYERS FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIZBETH PLASCENCIA	16071 LAKEVIEW DR	<input checked="" type="checkbox"/> Add
		FT MYERS FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

IVAN PLASCENCIA MUNOZ- MGR- 40%

JUAN MANUEL PLACENCIA- 40%

LIZBETH PLASCENCIA- 20%

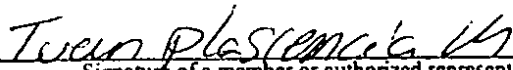
E. Effective date, if other than the date of filing: _____ (optional)

(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 NOVEMBER 23, 2021



Signature of a member or authorized representative of a member

IVAN PLASCENCIA MUNOZ

Typed or printed name of signer

Filing Fee: \$25.00