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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

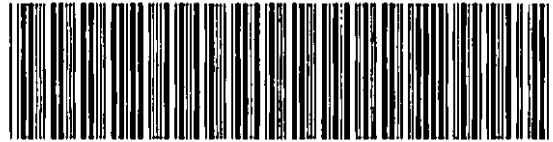
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Toll-Free: 1.888.449.2638

Email: info@CorpNet.com



Direct: 1.805.449.2638

www.CorpNet.com



January 4, 2023

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE:FullyEquipped416 LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$55.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this
filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet, Incorporated
888-449-2638 Ext. 105
filings@corpnet.com



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULLYEQUIPPED416 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:

Amanda J. Beren

Name of Person

Firm/Company

31416 Agoura Rd., Ste. 118

Address

Westlake Village, CA 91361

City/State and Zip Code

filings@corpnet.com

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

For further information concerning this matter, please call:

Amanda J. Beren

888 449-2638
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	NOELL TAIBBI	1518 SE Clearmont St	<input type="checkbox"/> Add
		Port St. Lucie, FL 34983	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KENNETH TAIBBI	1518 SE Clearmont St	<input type="checkbox"/> Add
		Port St. Lucie, FL 34983	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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(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)

Filing Fee: \$25.00