

L220000408136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 12 2023

Office Use Only



800415490588

09/12/23--01025--002 **25.00

23 SEP 12 PM 2:27
Filing Office
Tulsa, Oklahoma

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCT MANUFACTURING 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:

FORTNER, ATTILA

Name of Person

FCT MANUFACTURING LLC

Firm/Company

10540 NW 78TH ST APT 124

Address

MIAMI, FL 33178

City/State and Zip Code

FCTMANUFACTURING@gmail.com

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

For further information concerning this matter, please call:

FCT MANUFACTURING at (786) 7407840
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

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

FCT MANUFACTURING 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 05/30/2023 and assigned:

Florida document number L22000408136

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)

FCT MANUFACTURING

10540 NW 78TH ST APT 124

MIAMI, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FCT MANUFACTURING

10540 NW 78TH ST APT 124

MIAMI, FL 33178

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:

FCT MANUFACTURING

New Registered Office Address:

10540 NW 78TH ST APT 124

Enter Florida street address

MIAMI


Florida 33178

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.


Signature of New Registered Agent, if changing

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 | TSOI, MICHAEL | 21055 NE 37TH AVE. | <input type="checkbox"/> Add |
| | | APT 809 | <input checked="" type="checkbox"/> Remove |
| | | AVENTURA, FL 33180 | <input type="checkbox"/> Change |
| AMBR | ABT TRADING GROUP, LLC | 8465 W 44TH AVE | <input type="checkbox"/> Add |
| | | STE 128 | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33018 | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Signature of a member or authorized representative of a member

FORTNER, ATTILA

Typed or printed name of signee

Filing Fee: \$25.00