L22000439741

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	
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S. ROBERTS
JUN 2 3 2023

COVER LETTER

TO:	Registration S Division of Co			
CHB ICA		Four Sales LLC	·	
SUBJEC	۵۱:	Name of Lim	ited Liability Company	 -
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Shawn Fraga		
			Name of Person	
		Father of Four Sales LLC		
			Firm/Company	
		15109 sw 71st ln		
			Address	
		miami, Fl 33193		
			City/State and Zip Code	
		sfraga84@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information	concerning this matter, please ca	all:	
Shawn F	Praga		786 999-2839	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	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 Addre Registration		Street Address:	vetion
	Division of (Registration Sc Division of Co	
	P.O. Box 633	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Father of Four Sales, 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 10/12/2022 and assigned Florida document number L22000439741 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The state of the s Father of four The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 15109 sw 71st Ln Enter new principal offices address, if applicable: Miami, Fl 33193 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _. Florida __ City 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

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>	Type of Action
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Shawn Frac Managin	a Meml	oer.	7	**************************************	
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ective date, if other than a effective date is listed, the date te: If the date inserted in thi nument's effective date on the	must be specific and of block does not me	cannot be prior to eet the applical	o date of filing or m ble statutory filin	ore than 90 days a	otional) fter filing.) Pursuant to 605.020 this date will not be listed a
cord specifies a delayed effe s filed.	ctive date, but not a	ın effective tin	ne, at 12:01 a.m. (on the earlier of:	(b) The 90th day after th
ed April 28th		2023			
			- ·		
		\searrow			
	Signature of a m	cupper or multon	ized representative	of a member	

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