

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FB COLLECTIVE LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 3 2023 K. Brumbley Registration Section

TO:

COVER LETTER

Division of Corp	orations			
SUBJECT:	FB COL	LECTIVE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 S	STE 220		
		Address		
	HOUSTON TX, 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO			
	F-mail address; ()	o be used for future annual r	report notification)	
For further information cor	scerning this matter, please ca	all:		
LOVETTE DOBSON	Person	l arr)	888-462-3453	
Name of I	Person	Area Code	Daytime Telepho	one 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 radditional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	idress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H23000092217 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COLLECTIVE LLC ty Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number			and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company hero	<u>e</u> :		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	ignation "LLC" or the al	bbreviation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR			- -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
William Control DE AT OUT OF THE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the nam</u>	e of the ne	w registered
			202	
Name of New Registered Agent:			_ 3	<u>.</u>
New Registered Office Address:		:	. .	
	Enter Florida	street address	<u> </u>	135
		Florida		
	City		Zip 📆 le	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

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: (((H23000092217 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHRISTIAN CORDERO	3525 KING GEORGE LANE.	
		SEFFNER, FL 33584	
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			🗀 Add
			□Remove
			ÜChange
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