123000333320

(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:

Office Use Only



800414618098

2023 AUG -8 AM 8: 28

j,		COVER LETTER	1, 1	
ΓΟ: Registration Sec Division of Corp				*
SUBJECT:FWM	B LLC			_
	Name of Limit	ed Liability Company		
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	Cody Flu			
		Name of Person		
	FWMB LI			
		Firm/Company		
		6080 nw Releif ct		
		Address		
	Р	ort saint lucie FL 349	83	
		City/State and Zip Code		
	Info@fwmbs	studios.com o be used for future annual rep	port potification)	_
For further information c	oncerning this matter, please ca		,	
Cody Fluegel		at (<u>772</u>)	267-2251	
Name o	l Person	Area Code	Daytime Telephone Nun	nber
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi sed) Certi	0 Filing Fee, ficate of Status & fied Copy nonal copy is enclosed)
V (Street Add	TPCC-	2023 AUG
Mailing Address Registration			ion Section	AUG

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

Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FWMB LLC (Name of the Limited Liability Com (A Florida Limite	pany as it now appears o d Liability Company)	n our records.)	.
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000333220</u>	ny were filed on	July 13 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	:	
FWMB Services LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desig	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			202
			2028 AL
Enter new mailing address, if applicable:			CO #
(Mailing address MAY BE A POST OFFICE BOX)			· 王 -
STUDING UNITESS SIAT BE A POST OF FICE BOX)			<u> </u>
	····		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		Florida	
	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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	d from our records:		
MGR = A	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□Aðd
			Remove
			☐Change

		□Add
		Remove
		Change
	 	□Add
		Remove
		Change
	 : :	O APROVE CONTRACTOR OF THE CON
		Change
	יר:	Remove
		□Change
	 	□Add
		Remove

_____ Change

D. If amending any other information, enter change(s) here: tattach additional si	heets, if necessary.)
	
	· · · · · · · · · · · · · · · · · · ·
	73
	2023 AUG +8
	81 28 ATE
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 605.0207 (3)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	earlier of: (b) The 90th day after the
Dated	
Col Offer	
Signature of a member or authorized representative of a n	nember
Cody Fluegel	
Typed or printed name of signee	

Filing Fee: \$25.00