1240000 62072

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	.IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	
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COVER LETTER

	egistration Se vision of Cor			
enbucer.	F & S M	lanagement Group LLC		
SUBJECT	: <u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Frank Campos Sr.		
			Name of Person	
		F & S Management Group	LLC	
			Firm/Company	
		10048 103rd Street		
			Address	
		Jacksonville, FI. 32210		
		<u> </u>	City/State and Zip Code	
		alphaomegabld1225@gma	il.com to be used for future annual report not	*.*
For further	information c	oncerning this matter, please c		in (eation)
Frank Can	apos Sr.		904 772-8177	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	ne 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)
	ailing Addres		Street Address: Registration Se	ection
	egistration S ivision of C	Corporations	Division of Co	rporations
P	O. Boy 632	7	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & S Management Group		
(Name of the Limi	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L24000062072</u> .		2/01/2024 and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new(principal offices address, if appli		24
rincipal office address MUST BE A STRE	ET ADDRESS)	- <u> </u>
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE</u>		2 PH 1: 45
. If amending the registered agent and/or ent and/or the new registered office addre		records, enter the name of the new registe
Name of New Registered Agent:	Frank Campos Sr.	
New Registered Office Address:	10048 103rd Street	
		orida street address
	Jacksonville City	, Florida 32210
	Cily	zap Conv

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Frank Campos Sr.	10048 103rd Street Jacksonville, FL 32210	□Add
			≘Remove
			□Change
P	Frank Campos Sr.	10048 103rd Street Jacksonville, FL 32210	□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

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te:	ve date, if other than the date of filing:
ecord is tile	I 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
ted _	September 16 2024
	Signature of a member of authorized representative of a member
	Signature on a memoer of authorized representative of a memoer

Filing Fee: \$25.00