

L24 000239203

(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



800433234458

07/18/24--01015--007 **25.00

7/29/24
KH

2024 JUL 18 AM 11:27
CLERK OF STATE
TALLAHASSEE, FL

FILED

LaBelle CPA
CERTIFIED PUBLIC ACCOUNTANTS

July 16, 2024

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

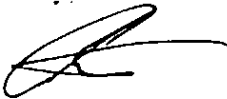
RE: Fourteen Six Fab Works LLC amendment to Articles

Dear Sir or Madam,

This letter is to request amendment to Articles member to correct member name and address for Fourteen Six Fab Works LLC, document# L24000239203, as the original filing listed incorrect member name.

Thank you for your assistance in this matter. Please call me at 863-675-3903 or email me at andy@labellecpa.com with any questions or concerns.

Sincerely,



Andrew J. Higginbotham, CPA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOURTEEN SIX FAB WORKS 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:

ROSIE M ST. JOHN

Name of Person

FOURTEEN SIX FAB WORKS LLC

Firm/Company

P O BOX 817

Address

IMMOKALEE, FL 34143

City/State and Zip Code

ANDY@LABELLECPA.COM

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

For further information concerning this matter, please call:

ANDREW HIGGINBOTHAM, CPA

863 675-3903
at ()

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

2024 JUL 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

FOURTEEN SIX FAB WORKS 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 MAY 23, 2024 and assigned
Florida document number L24000239203.

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)

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

City

Florida

Zip Code
2024 JUL 18 AM 11:27
SECRETARY OF STATE
FL

FILED

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>	<u>Type of Action</u>
MEMB	ANDY HIGGINBOTHAM	14 W WASHINGTON AVE	<input type="checkbox"/> Add
		LABELLE, FL 33975	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMB	ROSIE M ST. JOHN	P O BOX 817	<input checked="" type="checkbox"/> Add
		IMMOKALEE, FL 34143	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUL 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee

2024 JUL 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL

1
2
3
4
5