

L24 000239203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

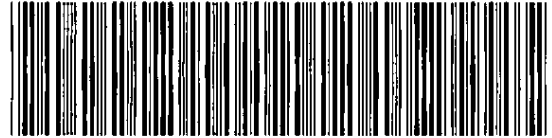
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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AUG 30 2024

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05/27/24--01037--000 ***.00

FILED
2024 AUG 27 PM 12:08
J. HORNE
AUG 30 2024

FOURTEEN SIX FAB WORKS LLC
ROSAMARIA ST. JOHN
P O BOX 817
IMMOKALEE, FL 34143

August 21, 2024

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

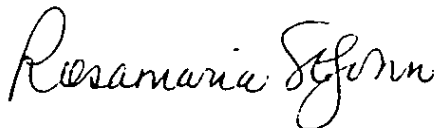
RE: Document # L24000239203

Dear Division of Corporations Representative,

This letter is to request amendment to Articles member to correct the member's name. The previous filing listed the "nickname" of the member instead of the correct legal name of the member. Please correct the member's name from Rosie M St. John to Rosamaria St. John as corrected on the amendment included.

Thank you very much for your time and assistance in handling this matter. Please contact me at 239-834-1240 or fourteensixfabworks@gmail.com with any questions or concerns.

Respectfully submitted,

A handwritten signature in cursive script that reads "Rosamaria St. John". The signature is written in black ink and is positioned below the "Respectfully submitted," text.

Rosamaria St. John, Member

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:

ROSAMARIA 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

FOURTEENSIXFABWORKS@GMAIL.COM

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

For further information concerning this matter, please call:

ROSAMARIA ST. JOHN

239 834-1240

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

**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)

FILED
2024 AUG 27 PM 12:09
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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:

26299 COUNTY ROAD 833

(Principal office address MUST BE A STREET ADDRESS)

CLEWISTON, FL 33440

Enter new mailing address, if applicable:

P O BOX 817

(Mailing address MAY BE A POST OFFICE BOX)

IMMOKALEE, FL 34143

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:

ROSAMARIA ST. JOHN

New Registered Office Address:

26299 COUNTY ROAD 833

Enter Florida street address

CLEWISTON

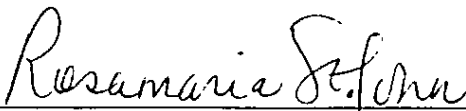
City

Florida 33440

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 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>
AMBR	ROSAMARIA ST. JOHN	P O BOX 817	<input type="checkbox"/> Add
		IMMOKALEE, FL 34143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated AUGUST 21 2024

Rosamaria S. J. M.

Signature of a member or authorized representative of a member

ROSAMARIA ST. JOHN

Typed or printed name of signee

Filing Fee: \$25.00