

M230000000585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

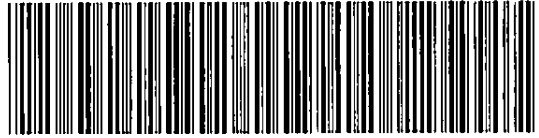
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/01/2011-01100-018 840.00

FILED
2023 APR -4 AM 8:23
STATE
OFFICE

DATE: March 31, 2023

TO: Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FROM: Eric Danver
FGG Spa, LLC
DOCUMENT NUMBER: M23000000585

RE: REQUEST FOR AMMENDMENT CR2E055

Please see attached form for amendment of the Articles of Organization for our Florida Limited Liability Company – a summary of the requested changes is also outlined below:

Please UPDATE the principal and mailing address and contact information as indicated on the attached form.

Please ADD the following Authorized person:

CEO – Eric Danver

Please REMOVE the following persons listed on our original application as Managers:

MGR – Krystle Zurenda

MGR – Barbara Hernandez

We have included the following documentation:

- Two copies of Application form (as required for Certificate of Status and Certified Copy)
- State of Maryland Certificate dated January 17, 2023 – submitted with original filing application.
- Original Articles of Organization indicating Eric Danver as resident agent and authorized person
- A check in the amount of \$60.00 for Filing Fee (\$25), Certified Copy (\$30) and Certificate of Status (\$5)

Please reach out if anything further is required to:

Wendy Mendes for Eric Danver, admin.danver@handandstone.com
786 236-5181

2023 APR-4 AM 8:23
STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

FGG SPA, LLC

SUBJECT: _____
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Stevens

Name of Person

FGG SPA, LLC

Firm/Company

3818 Gunn Hwy, Suite 100

Address

Tampa, FL 33618

City/State and Zip Code

office.fggspa@gmail.com

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

For further information concerning this matter, please call:

Melissa Stevens

410

350-6603

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2023 APR -4 AM 8:23
TALLAHASSEE, FL
STATE
CORP.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

FGG SPA, L.L.C.
State: _____

Enter new principal office address, if applicable: _____

3818 Gunn Hwy, Suite 100

Tampa, FL 33618

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

3818 Gunn Hwy, Suite 100

Tampa, FL 33618

(Mailing address

MAY BE A POST OFFICE BOX)

M23000000585

2. The Florida document number of this limited liability company is: _____

MD

3. Jurisdiction of its organization: _____

01/17/2023

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Eric Danver		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Krystle Zurenda	6521 SW 39 St, Miami, FL 33155	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Barbara Hernandez	15617 SW 61 Terrace, Miami, FL 33193	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Eric Danver

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2023 APR -4 AM 8:23
CLERK OF STATE
FL