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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MARK B. GOLDSTEIN, P.A.
Account Number : 120060000077
Phone : (561) 989-9955
Fax Number : (561) 989-9966

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

mfaren@fboassociates.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FBO ASSOCIATES, LLC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 7 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FBO ASSOCIATES, 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:

Mark B. Goldstein

Name of Person

Mark B. Goldstein PA

Firm/Company

2700 N. Military Trail Suite 130

Address

Boca Raton, FL 33431

City/State and Zip Code

mfaren@fboassociates.com

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

For further information concerning this matter, please call:

Mark B. Goldstein

Name of Person

561 989-9955

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FBO ASSOCIATES, 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 5/6/2014 and assigned
Florida document number L14000073598.

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 end with 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)

2633 Lantana Rd. Suite 18

Lantana, FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2633 Lantana Rd. Suite 18

Lantana, FL 33462

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

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

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If adding or removing Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	John Miller	2633 Lantana Rd.	<input type="checkbox"/> Add
		Suite 8	<input checked="" type="checkbox"/> Remove
		Lantana, FL 33462	
MGR	Jon Miller	2633 Lantana Rd.	<input checked="" type="checkbox"/> Add
		Suite 18	<input type="checkbox"/> Remove
		Lantana, FL 33462	
MGR	Michael Faren	2633 Lantana Rd.	<input checked="" type="checkbox"/> Add
		Suite 8	<input checked="" type="checkbox"/> Remove
		Lantana, FL 33462	
MGR	Michael Faren	2633 Lantana Rd.	<input checked="" type="checkbox"/> Add
		Suite 18	<input type="checkbox"/> Remove
		Lantana, FL 33462	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(((H14000109309 3))) Other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 7 2014



Signature of a member or authorized representative of a member
Mark B. Goldstein, Esquire,

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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