

214000089643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

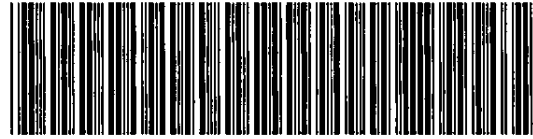
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400265405894

10/17/14--01006--001 **25.00

FILED
14 OCT 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers OCT 21 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FESASC 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:

ANTONIO FES

Name of Person

FESASC LLC

Firm/Company

1100 SAINT CHARLES PL. UNIT 717

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

PLUZQUINOSF@HOTMAIL.COM

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

Name of Person

at **954 655-8413**

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

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

FESASC 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 06/04/2014 and assigned Florida document number L14000089643.

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: 1100 SAINT CHARLES PL. UNIT 717
(Principal office address MUST BE A STREET ADDRESS) PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable: 1100 SAINT CHARLES PL. UNIT 717
(Mailing address MAY BE A POST OFFICE BOX) PEMBROKE PINES, FL 33026

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: 1100 SAINT CHARLES PL. UNIT 717
Enter Florida street address
PEMBROKE PINES, Florida 33026
City Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 17 AM 8:03
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 the 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FES, ANTONIO	1100 SAINT CHARLES PL. UNIT 717	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
MGR	ASCANIO DE FES, NELLY R	1100 SAINT CHARLES PL. UNIT 717	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 14 OCT 17 AM 8:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WE CHANGED OF MAILING AND PHYSICAL ADDRESS

NEW ADDRESS: FOR MANAGERS

1100 SAINT CHARLES PL. UNIT 717, PEMBROKE PINES FL 33026

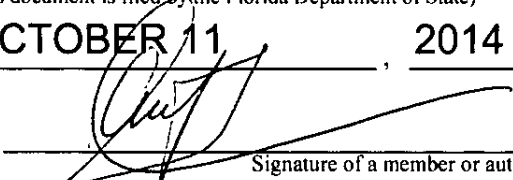
OLD ADDRESS:

8670 TAFT STREET , PEMBROKE PINES, FL 33024

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 OCTOBER 11, 2014



Signature of a member or authorized representative of a member

ANTONIO FES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA