

LD6000069210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

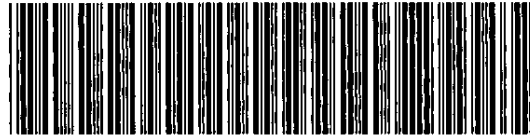
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600242247706

01/07/13--01004--017 **25.00

FILED
2013 JAN - 7 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Culligan JAN - 8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAO HOLDINGS, 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:

Renier Cruz, Esq.

Name of Person

Renier Cruz, P.A.

Firm/Company

300 Sevilla Avenue, Suite 301

Address

Coral Gables, Florida, 33134

City/State and Zip Code

rc@cruzpa.com

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

For further information concerning this matter, please call:

Renier Cruz, Esq.

Name of Person

at (305)

443-2772

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

FILED

2013 JAN -7 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAO HOLDINGS, 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 07/10/2006 and assigned
Florida document number L06000069210.

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)

300 Sevilla Avenue, Suite 301

Coral Gables, Florida, 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 Sevilla Avenue, Suite 301

Coral Gables, Florida, 33134

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:

Renier Cruz, Esq.

New Registered Office Address:

300 Sevilla Avenue, Suite 301

Enter Florida street address

Coral Gables

City

, Florida

33134

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

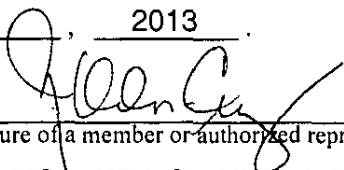
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Renier Cruz	300 Sevilla Avenue, Suite 301 Coral Gables, Florida 33134	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 3, 2013



Signature of a member or authorized representative of a member

YOLANDA ORIHUELA-CRUZ, MGR

Typed or printed name of signee

FILED
2013 JAN - 7 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA