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## **COVER LETTER**

TO: Registration So Division of Co					
FPLN, L	LC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Casey Wilson				
		Name of Person			
	Ascentia FE				
	<del></del>	Firm/Company			
	301 W. Platt Street,	#346			
		Address			
	Tampa, FL 33606			2014 :AE	स्त्रक्त (निन्दु
	cw@ascentiafe.com	City/State and Zip Code		MAR 2	4 1 7 miles
	E-mail address: (	to be used for future annual report notif	ication)		r i
For further information of	concerning this matter, please c	all:		GE ST	the series
Casey Wilson		813 448-6558		LOSINE LOSINE	41
Name o	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

## TO ARTICLES OF ORGANIZATION **OF**

FPLN, LLC		
( <u>Name of the Limite</u>	ed Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LL	A) ————
Enter new principal offices address, if applica	able:	<b>3 3 1 1</b>
Principal office address MUST BE A STREE	T ADDRESS)	70 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
		90 - F
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u></u>	<u> </u>
	or registered office address on our records	s, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	.s
	, Flo	orida
	City	Zip Code

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

## Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> **Address** Kent Clothier MGR 2505 NW Boca Raton Blvd., Ste. 205 ■ Add Boca Raton, FL 33431 ☐ Remove REI Marketing, LLC 2505 NW Boca Rato Blvd #205 MGRM □ Add Boca Raton, FL 33431 ■ Remove MGR Tacy M. Rossa 203 Olympic Club Drive □ Add Summerville, SC 29483 **■** Remove \_□ Add ☐ Remove □ Add □ Remove

1 1	
e effective date must be specific, cannot be prior to date of re	ceipt or filed date and cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of re e date this document is filed by the Florida Department of Sta December 1 20	eceipt or filed date and cannot be more than 90 days after ate)
e effective date must be specific, cannot be prior to date of re e date this document is filed by the Florida Department of Su December 1 20 ated	eccipt or filed date and cannot be more than 90 days after ate)
ated	ceipt or filed date and cannot be more than 90 days after ate)  113  Consultation of a member

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Filing Fee: \$25.00

