

9/5/21, 4:48 PM

Division of Corporations

L1600074827
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000334163 3)))



H2100033416334BEX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : MARILI CANCIO JOHNSON P.A.
 Account Number : 120160000073
 Phone : (305)967-6329
 Fax Number : (305)470-7453

2021-09-10 21:11:02 GMT

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 FELMAC, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**SEP 14 2021
 S. PRATHEP**

2021 SEP 13 AM 10:17

LABASSEL, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Felmac, 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:

Aida V Zayas

Name of Person

Marili Cancio Johnson P.A.

Firm/Company

150 SE 2ND Ave, Suite 1408

Address

Miami, FL 33131

City/State and Zip Code

azayas@aje law.com

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

For further information concerning this matter, please call:

Aida V Zayas

Name of Person

at (786)

Area Code

802-2332

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Felmac, 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 04/18/2021 and assigned
Florida document number L16 000074827

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 contain 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)

150 SE 2ND Avenue
Suite 1408
Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 SE 2ND Avenue
Suite 1408
Miami, FL 33131

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:

CIO Management LLC

New Registered Office Address:

150 SE 2ND Avenue, Suite 1408

Enter Florida street address

Miami

City

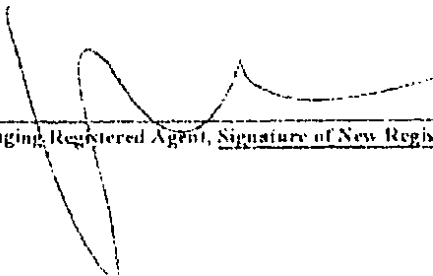
Florida

33131

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Monica I Chocano	9120 S.W. 151st Ct	☐ Add
		Miami, FL 33196	☒ Remove
			☐ Change
AMBR	Monica I Chocano	9120 S.W. 151st Ct	☐ Add
		Miami, FL 33196	☒ Remove
			☐ Change
MGRM	Jorge E. DelBusto	9120 S.W. 151st Ct	☐ Add
		Miami, FL 33196	☒ Remove
			☐ Change
AMBR	Jorge E. DelBusto	9120 S.W. 151st Ct	☐ Add
		Miami, FL 33196	☒ Remove
			☐ Change
MGR	Terremer LLC	150 SE 2 ND Avenue	☒ Add
		Suite 1408	☐ Remove
		Miami, FL 33131	☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee

Filing Fee: \$25.00