

L99000003635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

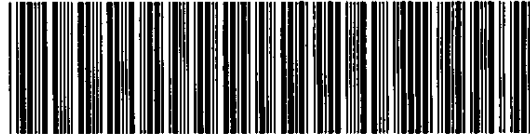
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

S Warren
JUN 23 2016

F.T., L.L.C.
245 Riverside Avenue, Suite 250
Jacksonville, Florida 32202
(904) 355-1831

June 21, 2016 (via federal express)

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: F.T. LLC – Document Number L99000003635
Amendment to Articles of Organization

Dear Sir/Madam:

Enclosed you will find Articles of Amendment in connection with the above referenced Florida limited liability company.

We are requesting this Amendment to be filed in order to reflect that the prior managers, and authorized manager were removed, and also appointing a new manager and registered agent (not by annual report or amending the annual report).

If you have any questions, you may contact me at (904) 355-1831, or via email daisy.king@vestaforyou.com.

Sincerely,



Daisy King

/dk
Enc.

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

F.T., L.L.C.

(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 June 21, 1999 and assigned Florida document number L99000003635.

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)

245 Riverside Avenue, Suite 250

Jacksonville, FL 32202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

245 Riverside Avenue, Suite 250

Jacksonville, FL 32202

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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: Daniel P. Armstrong

New Registered Office Address: 245 Riverside Avenue, Suite 250

Enter Florida street address

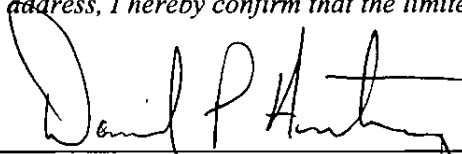
Jacksonville, Florida 32202

City

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>
MGR	Mortgage Advisors Inc.	245 Riverside Avenue, #250	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Santa Rosa Island Company	245 Riverside Avenue, #250	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel P. Armstrong	245 Riverside Avenue, #250	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Surface Investment Partnership Ltd	J. Frank Surface Jr.	<input type="checkbox"/> Add
		245 Riverside Avenue, #250	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32202	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 21, 2016

Signature of Daniel P. Armstrong
Signature of a member or authorized representative of a member

Daniel P. Armstrong
Typed or printed name of signee

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