

M 14 0000000637

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORP USA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FJC MID4 INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

70163

COVER LETTER H14000027944

3

TO: Registration Section
Division of Corporations

SUBJECT: FJC MID4 INVESTMENTS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR GRISALES
Name of Person

GRSH LAW
Firm/Company

20801 BISCAYNE BLVD #306
Address

AVENTURA, FL 33180
City/State and Zip Code

CNOUEL@GRSHLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR GRISALES at (305) 7920439
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

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02/04/2014 14:53 30563939696

H14000027944

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

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1. Name of limited liability company as it appears on the records of the Florida Department of State: FJC MID4 INVESTMENTS, LLC

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: 01.31.2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: CHANGE FABIO SHIMADA CURRENT MANAGER TO

TO FABIO SHIMADA MANAGING MEMBER

7. Attached is an original certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

[Signature]
Signature of the authorized representative

FABIO SHIMADA

Typed or printed name of signer

Filing Fee: \$25.00

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