Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FCI DEVELOPMENT ELEVEN, LLC

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Hespirers NOV 1 9 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· -		ENT ELEVEN, LLC		
(Name of the Limited	Liability Compan Florida Limited D	ly ne il noty appears on our records.) lability Company)		
The Articles of Organization for this Limited Lieb Florida document number L.14000126836 This amendment is submitted to amend the follow		were filled on August 13, 2014 and assigned		
		N		
A. If amending name, enter the new name of t	ne hwited hadi	шту сотралу веге:		
The new name must be distinguishable and end with the we	ords "Linuited Liabi	lilly Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applical	ble:	2199 Ponce de Leon Blvd.		
(Principal office address MUST BE A STREET	ADDRESS)	Suite 201		
		Coral Gables, FL 33134		
Enter new mailing address, if applicable; (Mailing address MAY BR A POST OFFICE BOX)		P.O. Box 3435 West Palm Beach, FL 33401		
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered of ico address her	Mice address on our records, enter the name of the ner	Ā	
Name of New Rogistered Agent:	Corporate C	Creations Network Inc.	Ž	
New Registered Office Address:	11380 Pros	perity Farms Road, #221E	₹ =	
	 :	Enter Florida street address	,	
	Palm Beach			
New Registered Agent's Signature, if changing R.	egistered Agent:	Clo Zu Code?		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	l agent and agr r and complete tered agent as p egistered office thange.	pee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability Dlana Serra, Vice Presinging Registered Agent		

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	FCI Residential Corporation	2199 Ponce de Leon Blvd., Suite 201	Add
		Coral Gables, FL 33134	☐ Remove
···	<u></u>	,	
			□ Remove
			Add
			□ Remove
			A CONTROL AND REMOVE
			8 PH 80 PH 8
			Remove
			□ Remove

	ation, enter change(s) here: (Attach ad	, , , , , , , , , , , , , , , , , , ,
E. Effective date, if other than the offective date must be specific, on the date this document is filed by the	nnot be prior to date of receipt or filed date and ca	(optional) mnot be more than 90 days after
Dated November 11	2014	

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