Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000079019 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS,

Account Number : 076077003231 Phone

: (561)650-0471

Fax Number : (561)650-5300

**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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FCA PROPERTIES, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration S. Division of Co	ection rporations		
SUBJE	FCA PR	OPERTIES, LLC		
CODUL	<u>-</u>	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Plcase	return all correspo	ondence concerning this matter	to the following:	
		THORNTON M. HE	NRY, ESQ.	
			Name of Person	
		JONES FOSTER JO	DHNSTON & STUBBS, PA	
			Firm/Company	
		505 SOUTH FLAGL	ER DRIVE, SUITE 1100	
			Address	
		WEST PALM BEAC	H, FL 33401	
		JFSERVICE@JONE	City/State and Zip Code SFOSTER.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all;	
THOF	RNTON M. HE	ENRY	561 659- 3000	Telephone Number
	Name o	f Person	at () Dayrimo	Tolephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Pee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (#4ditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			H15	000079019 3
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURD Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tailahasses Pt. 32	n ations oter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FCA PROPERTIES, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Lumited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 104000072715		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
		7
The new name must be distinguishable and end with the wor	de "Limited Liability Company," the designation "LLC" or	the abbreviation "L.b.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET		3 3 3 0
		<u> </u>
Enter new mailing address, if applicable:		FLORAI 5
(Mailing address MAY BE A POST OFFICE BO	220	,
B. If amending the registered agent and/or registered agent and/or the new registered offic		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	!
•	City	Zip Code
New Registered Agent's Signature, if changing Reg	Istered 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

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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

<u>Title</u>	Name	Address	Type of Action
MGRM	Sunward Properties, Inc.	13428 SW 16th Drive	
		Okeechobee, FL 34974	■ Remove
MGR	Sunward Properties, Inc.	13428 SW 16th Drive	
		Okeechobee, FL 34974	□ Remove
			TALLAHASEE, FLORIDA
			Add

ARTICLE IV, Management.	The Limited Liability Company	is manager-
managed.		
fective date must be specific, cannot be prior	to date of receipt or filed date and cannot be n	(optional)
lective date must be specific, cannot be prior to this document is filed by the Florida Dep	to date of receipt or filed date and cannot be rurment of State)	(optional) nore than 90 days after
tive date, if other than the date of fective date must be specific, cannot be prior to this document is filed by the Florida Dep March	to date of receipt or filed date and cannot be n	(optional) nore than 90 days after
ective date must be specific, cannot be prior te this document is filed by the Plorida Dep	to date of receipt or filed date and cannot be rurment of State)	(optional) nore than 90 days after

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