L05000036504

(Ře	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	isiness Entity Nan	ne)
·	·	•
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



000261032000

06/09/14--01008--012 **60.00

914 JUN -9 AN II: 3: SECRETARY OF STATE ATT ATTASSEE, FLORID

N. Culligan JUN 12 2014

COVER LETTER

TO:	Registration Section
	Division of Corporations

FBC Realty Holdings, 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:

Phillip Tasker

Name of Person

Florida Bank of Commerce

Firm/Company

105 East Robinson Street Suite 303

Address

Orlando, FL 32801

City/State and Zip Code

ptasker@fbcbank.com

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

For further information concerning this matter, please call:

Brett Bryant

at (407) Area Code Daytime Telephone Number

Name of Person

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 JUN -9 AM II: 33

SECNETARY OF STATE TALLAHASSEE, FLORIDA

FBC Realty Holdings, LL			
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited In Florida document number <u>L05000036504</u>		were filed on 04/13/2005	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and end with th			the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	. <u></u>
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
		NI/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florida	
		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 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>	<u>Name</u>	Address	Type of Action
MGR	Brett Bryant	105 E Robinson Street Suite 30	3 ■ Add
		Orlando, FL 32801	🗆 Remove
MGR	Dana Kilbourne		Add
			_ ■ Remove
MGR [Dana Kilborne	105 E Robinson Street Suite 303	
		Orlando, FL 32801	_□ Remove
MGR R. Var	R. Van Bogan		_ _□ Add
			_■ Remove
			_ _□ Add
			_□ Remove
			_ _□ Add
			_□ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· <u>N</u>	Į/A
•	
_	
_	
_	
Effective (The effect the date	tive date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	,,
	Pening Paster
	Signature of a member or authorized representative of a member Phillip Tasker
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JUN -9 AM II: 33 SECKETARY OF STATE.