

LD5000040170

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(Address)

(City/State/Zip/Phone #)

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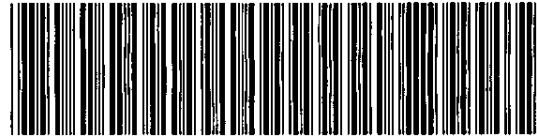
(Business Entity Name)

(Document Number)

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15 JAN 30 AM 10:29

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TALLAHASSEE, FLORIDA

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DATE: 1/30/15

NAME: FAMEX, LLC

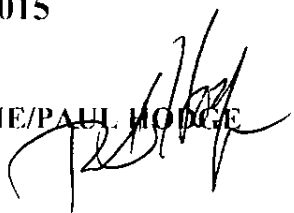
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMEX, 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:

Marci D. Clabaugh

Name of Person

Baker & Hostetler LLP

Firm/Company

1801 California Street, Suite 4400

Address

Denver, CO 80202

City/State and Zip Code

mclabaugh@bakerlaw.com

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

For further information concerning this matter, please call:

Marci D. Clabaugh

303

764-4133

at ()

Name of Person

Area Code

Daytime Telephone Number

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

2015 JAN 30 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAMEX, LLC

(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 4/22/2005 and assigned
Florida document number L05000040170.

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 end with 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)

c/o Baker & Hostettler LLP

1801 California Street, Suite 4400

Denver, CO 80202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Baker & Hostettler LLP

1801 California Street, Suite 4400

Denver, CO 80202

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:

Capitol Corporate Services, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee

City

Florida 32301

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.

Krista Ali
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Juan Jose Salinas	c/o Baker & Hostetler LLP	☒ Add
		1801 California Street, Suite 4400	☐ Remove
		Denver, CO 80202	
MGR	Juan Jose Salinas	c/o Baker & Hostetler LLP	☒ Add
		1801 California Street, Suite 4400	☐ Remove
		Denver, CO 80202	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: January 12th, 2015

Signature of a member or authorized representative of a member

Juan Jose Salinas, Member and Manager

Typed or printed name of signer

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TALLAHASSEE, FLORIDA