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SECKERAZI OF STATE

BOVAY & COOK, P.A.

Attornets at Law 901 N.W. 57th Street Gainesville, Florida 32605

COME REPORTED TO

JOHN C. BOVAY***

LL.M. IN TAXATION

ALSO ADMITTED IN DISTRICT OF COLUMBIA

JULIA M. COOK*

LL.M. IN TAXATION

LANGLEY K. CLARK

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julie@bovaycook.com
langley@bovaycook.com
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*Board Certified in Tax Law

BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES LAW

OF COUNSEL, DEAN MEAD

November 5, 2010

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

Dear Sir/Madame:

Enclosed please find Articles of Amendment to Articles of Organization of F&R Holdings of Gainesville, LLC, together with our firm check in the amount of \$25.00, representing your filing fee.

Thank you for your assistance in this matter.

Sincerely,

BOVAY & COOK, P.A.

Julie Cook

JC:ev Enclosures

COVER LETTER

TO: Registration Section of Corp	iton orations
SUBJECT: F&R Ho	ldings of Gainesville, LLC
, , , , , , , , , , , , , , , , , , ,	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Julia M. Cook
	Name of Person
	Bovay & Cook, P.A.
	Firm/Company
	901 N.W. 57th Street
	Address
	Gainesville, FL 32605
	City/State and Zip Code
	marissa@bovaycook.com
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Julia M. Cook	at (352) 331-9092
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



November 15, 2010

JULIA M. COOK BOVAY & COOK PA 901 NW 57 STREET GAINESVILLE, FL 32605

SUBJECT: F&R HOLDINGS OF GAINESVILLE, LLC.

Ref. Number: L06000012015

We have received your document for F&R HOLDINGS OF GAINESVILLE, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 410A00026748

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

F&R Holdings of G (Name of the Limited) (A	ainesville Liability Company Florida Limited Lia	LLC as it now bility Con	: appears on our appany)	records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L06000012015</u>	ability Company v	ere filed o	on <u>02/02/</u>	2006	and assi	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ty compa	ny here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability	Company," the c	lesignation	"LLC" or the a	bbreviation
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	(ADDRESS)					
						
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	BOX)					
B. If amending the registered agent and/o registered agent and/or the new registered off			s on our reco	rds, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Julia M,	Cook	. <u> </u>			
New Registered Office Address:	901 N.W.	57th	Street		E E	Carried S
			Enter Florid	la street aa	ldress ;	grant the
	Gainesvi [°]	l l e		Florida	32605	4 2 2
		City		-	Zip Code	Name:
New Registered Agent's Signature, if changing Ro	egistered Agent:	.:	. • •		2: 37 STATE LORIE	
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	oper and comple tered agent as pr egistered office a	te perform ovided for ddress, I	nance of my du r in Chapter 60	ities, and I 08, F.S. Or that the I	am familiar r, if this docur imited liabilit	with and ment is

Page 1 of 2

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

tle .	<u>Name</u>	Address	Type of Actio
			Add Remove
If ameno	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			-
			
ited	ecember 2 , 20	10.	_
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

Page 2 of 2

Filing Fee: \$25.00