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EXAMINER



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CORPORATE ACCESS, INC.

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	PICK U	JP: 9-20-12
×	CERTIFIED COPY	
	РНОТОСОРУ	
8	CUS	<i>FS</i>
☆ &	FILING	LLC Amend
F	CS Florida 1)	pldings, LLC
⟨₺	ORPORATE NAME AND DOCUME	ENT #)
<u> </u>	ORPORATE NAME AND DOCUME	'N/T' #\
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ECIAL II	NSTRUCTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FCS FLORIDA HOLDINGS, LLC

company has been notified in writing of this change.

(A Florida Limite	npany as it now appears on e ed Liability Company)	our records.)	
(**************************************	March 1		
The Articles of Organization for this Limited Liability Compa	any were filed on	an	id assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited I</u> 10 East Fowler LLC	iability company here:		
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," tl	ne designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:			Pr. N
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>
			S
•			25. J
Enter new mailing address, if applicable:			Mar A
(Mailing address MAY BE A POST OFFICE BOX)			1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
			8 9
			25
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the nan	ne of the ne
-redistered abont and/or the new redistored attice address h	<u>ere</u> :		
Total state of the new Total state of the address in			
N CN D ' A			
Name of New Registered Agent:		orida street address)	
Name of New Registered Agent:	(Enter Fl	orida street address) _, Florida	
Name of New Registered Agent:	(Enter Fl	orida street address) _, Florida	

(If Changing Registered Agent, Signature of New Registered Agent)

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:

MGR = Manager

IGRM = N	lanaging Member	•	
<u>ïtle</u>	<u>Name</u>	Address	Type of Action
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If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	
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ted	A A 1 200	100	
Septemb	per 29	me -	
	Ē	mer or authorized representative of a member	
	Robert M. Zimmerma	yped or printed name of signee	<u></u>

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Filing Fee: \$25.00