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COVER LETTER

TO: Registration Section
Division of Corporations

FCT. Global Management and Services 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:

Roy S Shiver Jr.

Name of Person

Homestead Acres 866 LLC

Firm/Company

47 North Krome Avenue

Address

Homestead, FL 33030

City/State and Zip Code

Steve@shiver.com

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

For further information concerning this matter, please call:

Autumn Walker

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

(Nume of the Limited L		
(A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L06000065899</u>	ity Company were filed on 06/29/2006	and assigned
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	23
R. If amending the registered agent and/or a	registered office address on our records, enter	the name of the new
registered agent and/or the new registered office		m < 01
		SA PROPERTY.
Name of New Registered Agent:		20 A
New Registered Office Address:	Enter Florida street address	
_	, Florida	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

Global Management and Service LLC

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** Jose Camarillo 47 North Krome Avenue _ Add MGR Homestead, FL 33030 ■ Remove □ Add ☐ Remove □ Add ☐ Remove _ 🗆 Add ☐ Remove □ Add ☐ Remove

If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
	
Effective date, if other than the date of (The effective date must be specific, cannot be printed the date this document is filed by the Florida De	or to date of receipt or filed date and cannot be more than 90 days after
Dated March 19th	2014
Jose Camarillo	re of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

