LD6000104371

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE STILL AHASSEE, FLORIDA

SEP 1 0 2015

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* COVER LETTER

TO:	Registration Section Division of Corpo	ion rations		
CUDIE	FEDCO LLC			
SUBJE	L1:	Name of Limi	ted Liability Company	
The encl	losed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspond	lence concerning this matter	to the following:	
		ODELIN FERNANDEZ		
			Name of Person	
		FEDCO LLC.		
			Firm/Company	
		1792 BELL TOWER LAN	TE .	
			Address	
		WESTON, FLORIDA 333	26	
			City/State and Zip Code	
		ODELIN@FEDCOLLC.CO	OM to be used for future annual report notifi	oction)
For furtl	her information con	cerning this matter, please ca		cauon <i>)</i>
ODELI	N FERNANDEZ		786 412-7287	
	Name of F	'erson	Area Code Daytime	Telephone Number
Enclose	d 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

FEDCO LLC.			
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears onited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Complete Horida document number <u>L6000104371</u> .	pany were filed on Octo	ber 26, 2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	2:	
The new name must be distinguishable and contain the words 'Limited	Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office address Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	·		<i>Σι</i> ρ codε
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this co plete performance of n t as provided for in CF	ny duties, and I am fo napter 605, F.S. Or,	amiliar with and if this document is
Ī	f Changing Registered Age	nt, Signature of New Re	istered Agent
P	Page 1 of 3	Y OF S	0

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

, · .

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RAQUEL R. AUGUST	1792 Bell Tower Lane, Weston, Flo	
			■ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change Change Change CRE Add Remove FINALE Change
			DM 20

	ation, enter change(s) here: (Attach additional sh	, 3
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Note: If the date inserted in this I	August 15, 2015 e date of filing: ust be specific and cannot be prior to date of filing or more that block does not meet the applicable statutory filing requipepartment of State's records.	irements, this date will not be listed as t
e record specifies a delaye The 90th day after the re	ed effective date, but not an effective time, cord is filed.	at 12:01 a.m. on the earlier of
Dated September 7	2015	
Mallund	7	
U. C.	Signature of a member or authorized representative of a m	nember 20 20 20 20 20 20 20 20 20 20 20 20 20
Odelin Fernandez. MO		유규 유
	Typed or printed name of signee	22 1 F
	Page 3 of 3	Y OF S
	Filing Fee: \$25.00	ORA: