LD7000049174

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eric@erichaug.com Post Office Box 12031 TALLAHASSEE, FLORIDA 32317 P: 850.583.1480 C: 850.251.2463 F: 855.825.4449

September 27, 2018

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

RE: FEMO, LLC: Document Number: L07000049174

Enclosed please find Articles of Amendment to Articles of Organization of FEMO, LLC. The Amendment is being submitted to remove an Authorized Member. Also enclosed is check number 2481 in the amount of \$25.00 to be applied to this filing fee.

Please use the above contact information for all correspondence and if further information is needed for this matter. Thank you in advance for your attention to this matter.

Sincerely.

Eric S. Haug

Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FEMO, LLC
(Name of the Limited Liabil	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L07000049174	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Lir	imited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7.7 3.7
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	gistered office address on our records, <u>enter the name of the ldress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Pérson(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laura A. Feige	P.O. Box 13678	
		Tallahassee, FL 32317	■ Remove
			Change
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			Remove
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in effective date is listed, the date must be some If the date inserted in this block of	pecific and cannot be prior to date of loes not meet the applicable stat	filing or more than 90 days at atory filing requirements, t	fter filing.) Pursuant to 605.0 this date will not be listed
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Filing Fee: \$25.00