#528 P.001/005

11/10/2016

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEC TITUSVILLE-EDGEWATER, LLC

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COVER LETTER

TO: Registration Division of C			
FECI TIT	TUSVILLE-EDGEWATER, LL	2	
	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Kolleen O.P. Cobb		
		Name of Person	
	Florida East Coast Industr	ies, LLC	
		Firm/Company	
	2855 Le Jeune Road., 4th	Floor	
	**************************************	Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	kolleen.cobb@feci.com	to be used for future annual report notifi	iontion)
For further information	concerning this matter, please c		icarion
Brenda Johnson		305 5202427	
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

FEC TITUSVILLE-EDGEWATER, LL		
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabil Florida document number L07000122595	ity Company were filed on 12/	10/2007 and assigned
This amendment is submitted to amend the following	 .g:	
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A		
		
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>	
Name of New Registered Agent:	address here:	
New Registered Office Address:		
	Enter Flor	da street address
		, Florida
New Registered Agent's Signature, if changing Regis		Zip Code
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in this c nd complete performance of a rd agent as provided for in C stered office address, I hereb nge.	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	# 10 # 1 To	mg > II
	Page 1 of 3	ELOPE STA

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

Title	Name	<u>Address</u>	Type of Action
VP	Marshall Bruce Snyder	2855 Le Jeune Road., 4th Fl, Coral	Add
			□ Remove
			☐ Change
VP	Michael Bradish	2855 Le Jeune Road., 4th Fl, Coral	□ Add
			Remove
			☐ Change
			D Add
			□ Remove
			Change
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			□ Remove
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tive date, if other than the date of fi	iling:	(opi	ional)	
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