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Division of Corporations Public Access System

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FIRST CAPITAL ADVISOR SERVICES, LLC

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8/4/2008

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE FLORIDA

First Capital Advisor Services, LLC		
(<u>Name of the Limited Light)</u> (A Florida	ty Company as it now appears on our rec Limited Liability Company)	urds.)
The Articles of Organization for this Limited Liability Florida document number L08000035380		and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the fin	nited liability company here:	
FC Commercial Markets, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the design	gustion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Euter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the new
Name of New Rogistered Agent:		
New Registered Office Address:		
	(Enter Florida s	street address)
		kbino
	(Clv)	(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 608, 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 Managing Members on our records, coter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>le</u>	Name	<u>A dairess</u>	Type of Action
			Add Remove
· ·	·		Add Remove
-—			Remove
			Add Remove
_			Add Remove
			Add Remove
f amend	ling any other information, enter chang	c(s) here: (Auach additional sheets, if necess	ury.)
			08 AUG -4 SECRETARY TALLAHASSI
ed	August 4 , 2008	Whichest representative of a member	AM 8: 13

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