## L08000043764

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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T. CLINE

SEP 1 8 2012

**EXAMINER** 

## **COVER LETTER**

Division of Con			
SUBJECT:	FCM	CARS, LLC	
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	•	·
		CLAUDIA FORNAGE	
		FCM CARS, LLC Firm/Company	
		Address	A STATE OF THE STA
	POM	PANO BEACH, FL 33069	
		City/State and Zip Code	
		AFORNAGE@GMAIL.COM to be used for future annual report notific	
	·	•	uion)
For further information of	concerning this matter, please of	eall:	
CLAL	IDIA FORNAGE	at ( 801 ) 2	30 - 0561
Name o	of Person	Area Code & Daytime	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FC MODEL	CARS, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	•	
The Articles of Organization for this Limited Liability Company	were filed on	05/01/2008	and assign	ed
Florida document numberL08000043764				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company hei	<u>·e</u> :		•
FCM CAR	S, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation	"LLC" or the abbr	eviation
Enter new principal offices address, if applicable:	2832 NW 22	nd TERRACE		
(Principal office address MUST BE A STREET ADDRESS) POMPANO BEACH, FL 33069			59	<del></del>
				<u></u>
Enter new mailing address, if applicable:	SAME AS AE	BOVE		
(Mailing address MAY BE A POST OFFICE BOX)				
			<u></u>	
B. If amending the registered agent and/or registered of		our records, enter		he new
registered agent and/or the new registered office address here	<u>e</u> :			12
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		33 -	A-Stores At
New Registered Office Address:				Tanana Sanana
	En	ter Florida street ac	ddress (e	", .•
		, Florida _	10 m	
	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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGKM -	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
	<del></del>		∏Add Remove
			Add Remove
_(		enter change(s) here: (Attach additional sheets, if necessary.)- TYPE FROM INTENET SALES TO:	210 <b>%</b> 17 <b>%</b>
<del>-</del>		17	8
Dated	09/04	Caudéa Fornage	
	Sig <del>ila</del> ture	•	
		CLAUDIA FORNAGE Typed or printed name of signee	
		i i pou di pilitou nuito di sigliot	

Page 2 of 2

Filing Fee: \$25.00