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**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: FRCWTC, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teresa M. Radeliff  Name of Person
DAvid S. Eldridge, P.A. Firm/Company
1 Florida Park Drive South Suite 350 Address
PAIM COAST, Florida 32/37  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  David S. Eldridge.  at (386) 445-22/1
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAvid S. Eldridge at (386) 445-2211 = Area Code & Daytime Telephone Number
Name of Person - Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

FRCWTC, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on MACC	h 9, 2009 and assigned
Florida document number <u>L 09000033333</u>	7.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbreviation
		700 TAI
Enter new principal offices address, if applicable:		- CC
(Principal office address MUST BE A STREET ADDRI	ESS)	<b>E E E</b>
		SSR 19
		TO A H
Enter new mailing address, if applicable:		FLO
(Mailing address MAY BE A POST OFFICE BOX)		Em =
induming duaress harri Bil ri i OST OTTICE BON		
B. If amending the registered agent and/or registered agent and/or the new registered office address		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
1000		
New Registered Office Address:	Enter F	lorida 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Title** Name 1 Address **Type of Action** MARM 🔀 Add Remove MGRM ☐ Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June 15th 2009. Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00