

LD9000043594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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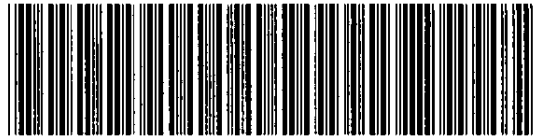
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Colligan

FEB 16 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRAGA CAPITAL PARTNERS LLC
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:

ANTONIO C. FRAGA
Name of Person

C/O FIRE GROUP
Firm/Company

2665 S. BAYSHORE DR #302
Address

COCONUT GROVE, FL 33133
City/State and Zip Code

RQUINTANA@FIREGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROXANA QUINTANA at (305) 860-2300
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

FILED
10 FEB 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FRAGA CAPITAL PARTNERS LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/5/09 and assigned
Florida document number L09000043594.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O FIRE GRAP INC.
2665 S. BAYSHORE DR. #302
COCONUT GROVE, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1200 PONCE DE LEON BLVD.
Enter Florida street address
CORAL GABLES, Florida 33134
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALBERT J. FRAGA	1320 S. DIXIE HIGHWAY CORAL GABLES, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated: FEBRUARY 11, 2010

X *[Signature]*

Signature of a member or authorized representative of a member

ANTONIO C. FRAGA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 15 AM 11:29

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