

L09000044209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

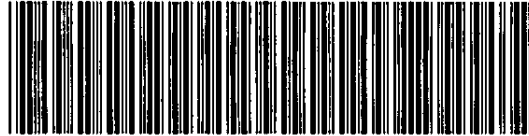
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900281914449

02/10/16--01015--017 \*\*60.00

FILED

2016 FEB 10 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 11

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FV Alexis M. 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:

Charles P Mendola

\_\_\_\_\_  
Name of Person

FV Alexis M. LLC.

\_\_\_\_\_  
Firm/Company

41 Bay Drive

\_\_\_\_\_  
Address

Key West, FL 33040

\_\_\_\_\_  
City/State and Zip Code

cmendola@nationsadvance.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles P Mendola

305 923-4714  
at ( )

\_\_\_\_\_  
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**

FV Alexis M. LLC.

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
2016 FEB 10 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/01/2009 and assigned  
Florida document number L09000044209.

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 contain 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)

41 Bay Drive

Key West, FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

41 Bay Drive

Key West, FL 33040

**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:

Charles P. Mendola

New Registered Office Address:

41 Bay Drive

*Enter Florida street address*

Key West

*City*

Florida 33040

*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 605, 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 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael L Stefani	512 East Eleven Mile Road	<input type="checkbox"/> Add
		Suite #300	<input checked="" type="checkbox"/> Remove
		Royal Oak, MI 48067	<input type="checkbox"/> Change
MGRM	Charles P Mendola	41 Bay Drive	<input checked="" type="checkbox"/> Add
		Key West, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John M Buckheim	900 Johnson Street	<input checked="" type="checkbox"/> Add
		Key West, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2016 FEB 10 PM 07  
 NOTARY PUBLIC  
 TALLAHASSEE, FL 32301

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

FILED  
2016 FEB 10 PM 4:07  
CLERK OF DISTRICT COURT  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

Dated: February 8th, 2016

Michael R. Stephens  
Signature of a member

Signature of a member or authorized representative of a member

**Michael L. Stefani**

Typed or printed name of signee