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6/22/1805

COVER LETTER

TO:	Registration S Division of Co				
SUBJEC	FFMC, LI	.C			2513 JIN 21 A 6: 42
		Name of Lir	nited Liability Company		
		Amendment and fee(s) are sul	Ū		
		Allison E. Kittelberger, E	sq.		
		·	Name of Person		
		Friedman Management Co	ompany		
			Firm/Company		
		34975 W. Twelve Mile R	oad		2314
			Address		
		Farmington Hills, Michiga	an 48331		2-
			City/State and Zip Code	179	
		scott.daniels@freg.com	to be used for future annual report notif	(cation)	. .
For furth	er information c	oncerning this matter, please c	·	inclution)	,53
Allison I	E. Kittelberger,	Esq.	248 848-3516		
	Name o	f Person		: Telephone Number	_
Enclosed	is a check for the	ne following amount:			
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Societified Copy (additional copy is	Status &
	MAIL	ING ADDRESS:	STREET/COURT	FU ANNDESS.	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

FFMC, LLC				
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)		
he Articles of Organization for this Limited Liability Com	npany were filed on 08-21-200)9	_ and ass	signed
lorida document number L09000081184				C
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	d liability company here:			
riedman Real Estate Management FL LLC				
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbre	viation "L.	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u> </u>			
		<u> </u>	<u> </u>	
			<u> </u>	425
nter new mailing address, if applicable:		<u>.</u>		
Aailing address MAY BE A POST OFFICE BOX)			21	1
	· · · · · ·	i	ì;.	
		2.1	<u> </u>	السا
. If amending the registered agent and/or register	ed office address on our r	ecords, enter the	e name	of the
gistered agent and/or the new registered office address	s here:		(; _)	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	t 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 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

Title	Name	Address	Type of Action
			□ Add
			Remove
			Change
			□ Add
			Remove
		·	Change
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	. 7/9/18			
ective date, if other than the a effective date is listed, the date must	date of filing:	to date of filing or more than	(optional)	Pursuant to 605 02
te: If the date inserted in this blo cument's effective date on the De	ock does not meet the applica	able statutory filing require	ements, this date w	ill not be listed
record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	t an effective time, a	t 12:01 a.m. or	n the earlier
ed June 8	2018			
1/2				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00