L10000007031

Special Instructions to Filing Officer:

L. SELLERS

JUL 1.4 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE
BALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sect Division of Corpo			,						
SUBJE	CT•	FCAM	Rentals LLC							
SCEGE		 	ted Liability Company							
The end	The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Please r	eturn all correspond	dence concerning this matter	to the following:							
										
	1015 Atlantic Blvd. Ste 124									
			Address							
	Atlantic Beach, Fl. 32233									
	City/State and Zip Code									
		QUE	ebeclady@hotmail.com to be used for future annual report notifica	tion)						
For first	her information cor	ncerning this matter, please c	·	non,						
roi iuit	ner information cor	lectring uns matter, prease e	an.							
Pamela J Wetherhold			at (23)	35 6253						
	Name of I	Person	Area Code & Daytime T	elephone Number						
Enclose	ed 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.		IG ADDDDGG	etheet/country	A ADDRECC.						

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

	FCAM Rer				
(Name of the Limite	<u>d Liability Compar</u> A Florida Limited L	ny as it now appear iability Company)	s on our records.)		
The Articles of Organization for this Limited I	were filed on	01/19/2010	_and assig	ned	
Florida document numberL1000000	7031				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	e:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa	ny," the designation "LLC	or the abl	oreviation
Enter new principal offices address, if appli	Same/no cha	nge			
(<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	Same/no cha	nge			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	~		our records, enter the	name of	the new
			<u> </u>		
New Registered Office Address:	N/A	Eni	ter Florida street addres	2	n (
			, Florida	A .	5
		City	, Plottia	Zip E ode	
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>	Address	Type of Action
MGRM	LEONARD WETHERHOLD	10435 Midtown Pkwy #204	Add Remove
		Jacksonville, Fl 32246	
			Add Remove
			Add Remove
			Add
			Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	— —
			_
			_
_	1. l. 1 70		
Dated	Guy le , de		
	_ / /	or authorized representative of a member	
		or printed name of signee	

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Filing Fee: \$25.00