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PICK-UP

B. BOSTICK

SEP 2 8 2011

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp	tion orations	÷		,		
SUBJE	ECT:	FX	Renew LLC				
		Name of Lim	ted Liability Company				
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspon	dence concerning this matter	to the following:				
		₽- 1	Scott Nourse				
			Name of Person				
			FX Renew				
			Firm/Company	•			
		37 N	I. Orange Ave. Suite	e 500			
	Address						
			Orlando, FL 32801				
	City/State and Zip Code						
		sr	ourse@fxrenew.co	m			
		E-mail address: (to be used for future annual r	eport notification	n)		
For fur	ther information co	ncerning this matter, please o	all:				
	Sc	ott Nourse	at (_407_)	926	-4013		
	Name of		Area Code	& Daytime Tele			
Enclose	ed is a check for the	following amount:				SEP 25	The second secon
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	L	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	

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

F	X Renew LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability			and assign	ned
Florida document number L10000037454				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
			至2 二	
Enter new mailing address, if applicable:			SEP	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		25	
				<u> </u>
B. If amending the registered agent and/or reg		our records, <u>enter t</u> l	he name of t	
registered agent and/or the new registered office ac	<u>ldress here</u> :		IDA '	(C)
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	=>		1	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Sophia Farmer	710 Jamestown Blvd Altamonte Springs, FL 32714	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary)	· N			
		E. T. ORIDA				
Dated	September 23 . 2011	 	_			
_	Signature of a member or authorized representative of a member					
		cott Nourse				
_		printed name of signee				

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Filing Fee: \$25.00