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COVER LETTER

то:	O: Registration Section Division of Corporations			
SHRH	ECT: FRT INVESTMENTS, LLC.			
C) D(J)	Name of Limited Liability Company			
The en	sclosed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Miguel Perez Name of Person			
	FRT Investment, LLC. Firm/Company			
	5434 Adams Morgan Way			
New Poit Richty, FL 34653 City/State and Zip Code				
Perezmikein@yanoo.com E-mail address: (to be weed for future annual report notification)				
For further information concerning this matter, please call:				
M	Name of Person at (727) 359 - 4395 Area Code & Daytime Telephone Number			
Enclos	seed is a check for the following amount:			
⊡ \$2:	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclo			

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

FRT INVESTMENT (Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records (Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>07/13/2610</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		AE =
(Principal office address MUST BE A STREET ADDRESS)	···	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		29 PM 3: 06 ARY OF STATE SSEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	, Floric	
	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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> Finlay Townsend Mar 7010 HIRSCH Drive, # 208 New Port Richty, FL 34655 Remove ☐ Add Remove ☐ Add ☐ Remove Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signalare of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00