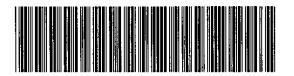
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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**J SHIVERS** 

### **COVER LETTER**

TO: Registration So Division of Con	ection porations		
SIDIECT.	FMC	1 LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SA	MIR - V AMIN	
		ZMS1 LLC Firm/Company	
	22 BROA	H) WAY	
		Address	
	KUSIMM	EE FL 347 City/State and Zip Code	41
	E-mail address:	to be used for furure annual report notifi	)(M ication)
For further information of	oncerning this matter, please c	all:	
	V. Amil	at (407) 923	W.
Name o	f Person	Aréa Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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

7 MC 1 11-C

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number	oh da
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 BROADWAY
(Principal office address MUST BE A STREET ADDRESS)	KIJIMMEE FL. 34741
Enter new mailing address, if applicable:	22 BROADWAY
(Mailing address MAY BE A POST OFFICE BOX)	FL. 34741
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: SAM	IR. V. AMIN SEE STATE
New Registered Office Address: 22	ROAD WAY  Enter Florida street address
Kistin	MCC , Florida = 3474
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

If Changing Registered Agent; Signature of New 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 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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SHAMIM SOOMR	DRLAND FL 32837	CIR Add
		ORLAND FL 32837	Remove
			Change
			Add
			Remove
			Change
			Add
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un effective date is lis ote: If the date ins	ther than the date ted, the date must be spected in this block de date on the Departr	ecific and canno oes not meet th	t be prior to date ( e applicable sta	of filing or more th	(option an 90 days after fil uirements, this d	ing.) Pursuar	nt to 605.020 be listed a
record specific The 90th day a	es a delayed effe fter the record i	ective date, s filed.	but not an e	effective time	, at 12:01 a.r	n. on the	earlier o
ted	7/20/15	, , , , , , , , , , , , , , , , , , ,					
			$\lambda$				
	Signa	ture of a membe	Allmorized r	epresentative of a r	member		

Page 3 of 3

Filing Fee: \$25.00